## Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15**, **2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

PAGE 01/05

Application for	Federal Assi	istance SF-424		Version 02			
* 1. Type of Submiss		_	'If Revision, select appropriate le	etter(s):			
Preapplication		[ ✓ New					
Application		Continuation	Other (Specify)				
Changed/Correct	ted Application	Revision					
* 3. Date Received:		4, Applicant Identifier:					
5a. Federal Entity Id	entifier:		* 5b. Federal Award Identifier:	as discharge for			
	AND AND A PARTY OF THE PARTY OF	annua est & decision					
State Use Only:			V 1974-1-				
6. Date Received by	State:	7. State Application	Identifier:	and the second s			
8. APPLICANT INF	ORMATION:			Anna di Francisco de la Constantina de			
a. Legal Name:	The Empty Space	8	Box Box (always and				
* b. Employer/Taxpa	yer identification	Number (EIN/TIN);	* c. Organizational DUNS:				
56-2370660			14-569-0959				
d. Address:							
• Street1:	706 Oak Street			Annual Property of the Control of th			
Street2:		MARIANIANIANIANIANIANIANIANIANIANIANIANIANI	3.8 W 1.1 4.1 14.1 14.1 14.1 14.1 14.1 14.1	RECEIVED			
* City:	Bakersfield			1440 9 2009			
County:	kern			MAR - 3 2008			
* State:	CA		The second secon	STATE CLEARING HOUSE			
Province:			71.44	STATE CLEANING HOUSE			
* Country:	USA: United SI	tates					
* Zip / Postal Code:	93304-1737	N. 7.					
e. Organizational U	Init:						
Department Name:			Division Name:				
Kern Community Re	adio		Broadcast Committee				
f. Name and contac	t information of	person to be contacted on	matters involving this applicati	on:			
Prefix: Mr.		* First Name	Jake				
Middle Name: e							
* Last Name: Chav	vez						
Suffix:							
Title: General Man	ager	* 1 * #* limit					
Organizational Affilia	don:						
	TF TAIL	46.5	The World of Marie I				
* Telephone Number	(661) 301-691	8	Fax Number: () -				
"Email: bovver70	@sbcglobal.net		,	W. 4 ( P. 1)			
V-0.500 Pro-							

VESTS MARKET PAGE 02/05

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	
* 10. Name of Federal Agency:	
NTIA / OTIA / PTFP	7
11. Catalog of Federal Domestic Assistance Number:	<u></u>
11. Catalog of redoral Domestic Assistance Number:	
CFDA Title:	
Public Telecommunications Facilities Program	
* 12. Funding Opportunity Number:	
TBA	
* Title:	
Public Telecommunications Facilities Program	
13. Competition Identification Number:	
Title	
44 Annua Afficiant to Decimal (Pilling Counting Clarks)	
14. Areas Affected by Project (Cities, Counties, States, etc):	<del></del>
Central Kem County, California. Mettler, California Bakersfeld California	
Bakersfield,Callfornia Arvin,Callfornia Lamost Callfornia	}
Lamont California	
* 15. Descriptive Title of Applicant's Project:	
Construction Project	
Attach supporting documents as specified in agency instructions.	

VESTS MARKET

PAGE 03/05

Application	for Federal Assista	nce SF-424		Version 02
16. Congressio	nal Districts Of:			
* a. Applicant	22		b. Program/Project	20, 22
Attach an additi	onal list of Program/Proje	ct Congressional Districts if	needed.	
17. Proposed f	roject:	<del></del>		
* a. Start Date:	10/01/2008		b. End Oate:	09/30/2009
18. Estimated	unding (\$):			
* a. Federal	266,189			
* b. Applicant	90,000			
* c. State				
* d. Local				
⁴ e. Other				
" f. Program Inc	ome ""	1774		
* g, TOTAL	356,189	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
* 19. is Applica	tion Subject to Review	By State Under Executive	Order 12372 Process?	
a. This applic	ation was made available	to the State under the Exec	cutive Order 12372 Process for revie	no n
b. Program I	subject to E.O. 12372 bu	ut has not been selected by	the State for review.	
c. Program is	not covered by E.Q. 123	72.		
* 20. is the Ap	ilicant Delinquent On Ar	y Federal Debt? (If "Yea",	provide explanation.)	
☐ Yes	No			
herin are true,   comply with #1	compl <b>ete</b> and accurate i ly resulting terms if I ac	to the bost of my knowled copt an award. I am aware	ntained in the list of certifications' ge. I also provide the required sam that thy false, fictitious, or fraudu S. Code, Title 218, Section 1001)	hraucos and allee to
- I AGREE				
The list of ce specific instruct		s, or an internet site where y	ou may obtain this list, is contained i	n the announcement or agency
Authorized Re	oresentative;			
Prefix:	Mrs.	* First Name:	Quinevere	79.7
Middle Name:				
* Last Name:	Park-Hall Dethiefson			
Suffix:				
*Title: Execu	tive Director	/ V. m.	Nich and the second sec	
* Telephone Nu	mber: (661) 327-7529		Fax Number: () -	A STATE OF THE STA
* Email: execu	tive@esonline.org			
* Signature of A	uthorized Representative:		^ Date Signed:	u.d

Application fo	or Federal Assis	tance SF-424		_		Version 02	
* 1. Type of Subm	nission:	* 2. Type of Application:	* If Revision,	select appropriate	e letter(s):		
Preapplication		✓ New					
✓ Application		Continuation	* Other (Spec	cify)		_	
Changed/Corre	ected Application	Revision			V.	,	
* 3. Date Received	d:	4. Applicant Identifier:		-			
Completed by Grants.	gov upon submission.						
5a. Federal Entity	/ Identifier:		* 5b. Fede	eral Award Identi	fier:		
State Use Only:						·	
6. Date Received	by State:	7. State Application	on Identifier:				
8. APPLICANT IN	NFORMATION:	æ					
* a. Legal Name:	THE EAST LOS AN	GELES COMMUNITY UNIO	N (TELACU)				
* b. Employer/Tax	payer Identification N	umber (EIN/TIN):	* c. Organ	nizational DUNS:			
95-2554256			01072059	7			
d. Address:						Page	
* Street1:	5400 East Olympic Boulevard, Suite 300						
Street2:						HEGEIVED	
* City:	Los Angeles			RECEIVED  MAR - 4 2008			
County:	Los Angeles		2008				
* State:			C	A: California		STATE CLEARING HOUSE	
Province:						HOUSE	
* Country:			USA: UNITE	D STATES			
* Zip / Postal Cod	le: 90022				163		
e. Organizationa	al Unit:				40		
Department Name	e:		Division N	lame:			
f. Name and con	ntact information of	person to be contacted or	n matters inv	olving this appl	lication:		
Prefix: M	1r.	* First Na	me: Tom				
Middle Name: FI	lorencio						
* Last Name: P	rovencio						
Suffix:							
Title: Authorized	d Agent	-					
Organizational Aff	filiation:						
* Telephone Num	ber: 323.721.1655			Fax Number:	323.721.3560		
* Email: tprove	ncio@telacu.com						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
	2
* 10. Name of Federal Agency:	品 A 磁点表音系统
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	<u> </u>
14.157	
CFDA Title:	3.5
Supportive Housing for the Elderly	
	a 8 1
* 12. Funding Opportunity Number:	
FR-5154-N-01	
* Title:	
Section 202 Demonstration Pre-Development Grant Program	
13. Competition Identification Number:	
S202-DEMO	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City of San Bernardino, County of San Bernardino, CA	
* 15. Descriptive Title of Applicant's Project:	
Pre-Development Program to assist Fiscal year 2007 Section 202 supportive housing of recipients	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application f	or Federal Assistan	ce SF-424				Version 02		
16. Congression	al Districts Of:							
* a. Applicant	34		* b. Prog	ram/Project	43			
Attach an additio	nal list of Program/Project	Congressional Districts if nee	eded.					
		Add Attachment Defete	a Attachment View Alta	chment				
17. Proposed Pr	oject:							
* a. Start Date:	09/30/2007		*	b. End Date:	09/30/2008			
18. Estimated F	unding (\$):							
* a. Federal		11,135,700.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		1,200,000.00						
* e. Other		0.00						
* f. Program Inc	ome	0.00						
* g. TOTAL		12,335,700.00						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  ② a. This application was made available to the State under the Executive Order 12372 Process for review on ②2/22/2008 .  ⑤ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  ⑥ c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  ⑥ Yes ② No Explanation  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ② ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.  Authorized Representative:								
L	Mr.	* First Name:	Tom					
	Florencio							
AD-1304-00-AD-000-00-000-	Provencio	1			744			
Suffix:								
* Title: Author	zed Agent							
* Telephone Num	ber: 323.721.1655		Fax Number:	323.721.356	60			
* Email: tprov	encio@telacu.com							
* Signature of Au	thorized Representative:	Completed by Grants.gov upon su	bmission. * Date Signe	ed: Complete	d by Grants.gov upon submission.			

APPLICATION FOR FEDERAL ASSISTANCE	<u> </u>	2. DATE SUBMITTED		Applicant Ider	Version 7/03
1. TYPE OF SUBMISSION:	1	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Application .	Pre-application	4. DATE RECEIVED BY	EEDERAL ACENCY	Federal Identi	for
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	rederal identi	ner
Non-Construction 5. APPLICANT INFORMATION	Non-Construction				
Legal Name: Buttonwillow County	/ Water District		Organizational Un Department:	it:	
Organizational DUNS:	0062044		Division:		
Address:	0063844		Name and telepho	ne number of pe	rson to be contacted on matters
Street: 289 Main Street,	P. O. Box	274	Involving this app Prefix: Ms.	First Name:	Regina
City: Buttonwillow	-	· · ·	Middle Name		
County: Kern			Last Name	Houchin	
State: CA	Zip Code 93206		Suffix:		
Country: USA			Email: agcer	nter@bak.rr	.com
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):	***************************************	Phone Number (give		Fax Number (give area code)
95-1940034			(661) 764-5		(661) 764-5274
8. TYPE OF APPLICATION:			7. TYPE OF APPLI		k of form for Application Types)
New If Revision, enter appropriate lett (See back of form for description	er(s) in box(es)	Revision	Other (specify)	G	·
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	DA/Rural Development
10. CATALOG OF FEDERAL	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE		CANT'S PROJECT:
25		10-760	Buttonwillow	Wastewate	r Project
TITLE (Name of Program):	Nesta Disposal La				es the replacement
USDA Water &	OJECT (Cities, Counties,	States, etc.):			plant, the sewer sewer main, sewage lift
Buttonwillow, Ker	n County				wo storage ponds.
	Design & construction		14. CONGRESSION		
Start Date: 8/1/08	Ending Date: 12/3	1/09 	a. Applicant 2		b. Project 20
15. ESTIMATED FUNDING:			16. IS APPLICATIO ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$	2	,392,200 <sup>,w</sup>	AVAILA	BLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		31,000 <sup>.™</sup>	1 300 5 5	SS FOR REVIEW	
c. State \$		, QU	DATE:	Feb. 25, 2008	3
d. Local \$		. 00	b. No. 🗇 PROGR	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$	399	.00	OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$	2,	,423,200 <sup>.™</sup>	Yes If "Yes" attac	ch an explanation	. 🔀 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE G	OVERNING BODY OF T	LICATION/PREAPPL HE APPLICANT AN	ICATION ARE TO THE APPLICAT	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative Prefix Mr.	First Name John	RECEIV	ED Middl	e Name	
Last Name Cauzza		1 2	NO8 Suffix		
Presiden	t	1 Hills	c. Tel	ephone Number (	give area code) (661) 764-5273
d. Signature of Authorized Repre		STATE GLEANING		te Slaned - 7	25/08
Previous Edition Usable Authorized for Local Reproductio	n	STATE	and the state of t	· · · · · · · · · · · · · · · · · · ·	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102
-disonzed for Local Reproductio		Reset Fo	rm		

APPLICATION FOR	_				$\sim$	Verslo	on 7/0:
FEDERAL ASSISTANCE			2. DATE SUBMITTED 2-28-07		Applicant Ide	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier	
	Construction	1	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Ident	Mer	
Construction Non-Construction	Non-Construct		2-29-1	20	The state of the control of the state of the		
5. APPLICANT INFORMATION		MENGII					
Legal Name:	-			Organization	nai Unit:		
C Road Community Services D	istrict	RF	CFIVED	Department C Road Volu	nteer Fire Department		
Organizational DUNS: 61-634-6572		1 1 1	62.84	Division:	-	•	
Address:		M	R = 5 2008	Name and to	lephone number of pe	reon to be contacted on mat	iters
Street: PO Box 344	O programme of the contraction o				a application (give an	e code)	
	- September 1	OTATE	CLEARING HOUSE	Prefix: Mr	Ron		
City: Blairsden	1	STAIL	La bank	Middle Name	1		
County; Plumas	· · · · · · · · · · · · · · · · · · ·			Last Name Heard	P. H. a beam		
State:	Zip Code 96103			Suffix;			
Country: USA				Email:			
6. EMPLOYER IDENTIFICATION	N NIMBER (E)	M).	——————————————————————————————————————	Phone Numb	er (give eres code)	Fax Number (give area code)	
		14).		530.927.9112		10	
3 3 - 1 0 9 2 4 3 8 8. TYPE OF APPLICATION:	]			5 5 6 A.S.		530.836.1797	
	П.		F - 4-1-	when the man of the second second	APPLICANT: (See DBC	k of form for Application Types	1)
Ment Revision, enter appropriate let	ter(a) in box(ea)	tinuation	Revision	G			
(See back of form for description	of latters.)			Other (specify	)		
Other (specify)	ļ			9. NAME OF USDA	FEDERAL AGENCY:		
10. CATALOG OF FEDERAL I	DOMESTIC ASS	ISTANCE	NUMBER:		TIVE TITLE OF APPLI	CANT'S PROJECT:	
Control of the Contro			10-766	C Road Valu	nteer Fire Department F	irefighter Personal Protective	
TITLE (Name of Program):				Equipment a	nd fire safety and equip	meni project	
12. AREAS AFFECTED BY PR	O IEGT (ČIV.	^	Children ata Vi				
C Road District (Blairsden - Clid		counties,	Signed, with,				
13. PROPOSED PROJECT		1=1		14. CONGRE	SSIONAL DISTRICTS	ÓF;	
Start Date: 04/01/06	Ending Date: 12/31/08			a. Applicant		b. Project 04	
15. ESTIMATED FUNDING:	12/01/05				CATION SUBJECT TO	REVIEW BY STATE EXECUT	TIVE
			vu		PROCESS?	WADDI GATION WAS MADE	
			28,500			NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 123	372
b. Applicant \$			9,500		ROCESS FOR REVIEW		
c. State \$			·w	D	ATE: 3-1-08		
d. Local \$			- W	P	ROGRAM IS NOT COV	/ERED BY E. O. 12372	12
				D. NO. 11.11			
e. Other \$					R PROGRAM HAS NO OR REVIEW	T BEEN SELECTED BY STAT	E
f. Program Income \$			, ou			NT ON ANY FEDERAL DEST	.3
g. TOTAL \$			36,000	Yes If "Ye	s" attach en explenation	). <b>E</b> No	
18. TO THE BEST OF MY KNO	WLEDGE AND	BELIEF,	The state of the s	LICATION/PR	EAPPLICATION ARE 1		
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1				HE APPLICAL	NT AND THE APPLICA	NT WILL COMPLY WITH THE	E
a. Authorized Representative					Middle Name		
Mr Mr	First Name Ron						
Leat Name Meard			CA1012932-1991		Suffix		
b. Title Fire Chief					c. Telephone Number 530.927.9112	(give area code)	
d. Signature of Authorized Repre	sentative ()	~ He	1 6 - 1	`^(	e. Date Signed	26.00	
Previous Edition Usable		~ ~	al, Fire Ch	V-4/-	7-	Standard Form 424 (Pay 9.	2002)

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Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR							Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTED 3-6-2008			Applicant ider TA Recipien	
1. TYPE OF SUBMISSION: Application	Pre-application	on.	3. DATE RECEIVED BY	STATE	5	State Applicat	tion Identifier
Construction	Construct		4. DATE RECEIVED BY	FEDERAL AGE	ENCY F	ederal Identi	fier
Non-Construction	Non-Const	truction					Pr. 1-1-
5. APPLICANT INFORMATION Legal Name:				Organizationa	al Unit		
				Department:	ai Dilit.		
Sacramento Area Council of Go	vernments			Division:			
Organizational DUNS: 555895705		-	many and the line of the second contract of the	1			
Address:		DE	CEIVED	Name and tele			rson to be contacted on matters
Street: 1415 L Street, Suite 300		111	Jan V lander	Prefix:		irst Name:	a code)
a:		M	$\Delta R = 6.2008$	114:10-11	E	Barbara	
City: Sacramento		1912		Middle Name Jane Evans			
County: Sacramento		STATE	CLEARING HOUSE	Last Name VaughanBecht	told		
State: California	Zip Code 95814			Suffix:			
Country: USA	000.4	e e		Email:   byaughanbech	hiold@es	200 010	
6. EMPLOYER IDENTIFICATIO	N NUMBER (E	IN):		Phone Number			Fax Number (give area code)
	) 1	,		916-321-9000		,	916-321-9551
8. TYPE OF APPLICATION:				11716.657.551		IT- (See hac	k of form for Application Types)
V. New	, III co	ntinuation	Revision	An Mar ou County		(000 000	( or 10111   or 1,pp=0,01011   1)p=0,
If Revision, enter appropriate letter	er(s) in box(es)		1 NAMES OF	G. Special Dist			
(See back of form for description	of letters.)		М	Other (specify)			
Other (specify)			_	9. NAME OF F Federal Transi	EDERAL	AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC AS	SISTANC	E NUMBER:				CANT'S PROJECT:
TITLE (Name of Program): Job Access Reverse Commute	DIFAT YAWA	O	20-516	FFY 2006 JAR	RC Sac Ur	rbanized Area	a projects
12. AREAS AFFECTED BY PRO State of CA, El Dorado, Placer,							
13. PROPOSED PROJECT	oaciamento, o		and tube countes	14. CONGRES	INMOIS	DISTRICTS	OE:
Start Date:	Ending Date	n:		a. Applicant	SOICITAL	DISTRICTS	b. Project
9-1-2005	9-30-2008	1000		1, 2, 3, 4, & 5			
15. ESTIMATED FUNDING:				16. IS APPLICATION ORDER 12372			REVIEW BY STATE EXECUTIVE
a. Federal \$			735,658	Ves IV TH	IS PREA	PPLICATION	JAPPLICATION WAS MADE
b. Applicant \$			90	_ ~v		FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON
c. State \$	-		D 60				
					ATE:		
d. Local \$ Subrecipients			<b>7</b> 35,658	D. NO. 11.			ERED BY E. O. 12372
e. Other \$			GÚ .	□ OR	R PROGR	AM HAS NO	T BEEN SELECTED BY STATE
f. Program Incomé \$			90				NT ON ANY FEDERAL DEBT?
g. TOTAL \$			1,471,316	☐ Yes If "Yes"	" attach ar	n explanation	. 12 No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED	BY THE (	ALL DATA IN THIS APP	LICATION/PRE	APPLICA	TION ARE T	RUE AND CORRECT. THE
a. Authorized Representative		OE 13 AV	TARDED.				
Prefix	First Name Karen				Middle Na	eme	0344
Last Name Wilcox	- 100 m				Suffix		
o. Title Director of Pinance	$\sqrt{}$	•					(give area code)
Signature of Authorized Repres	analive //	, /			916-321- e. Date Si		- log
Previous Edition Usable	<u> </u>	W	<i></i>		. 54.6 0	Igned 3/5	5 / 0 <b>9</b> Standard Form 424 (Rev,9-2003)
Authorized for Local Reproduction	1	1					Prescribed by OMB Circular A-102

Continuous Consentition (c

APPLICATION FOR			2. DATE SUBMITTED	ch 7, 2008	Applicant Identifier Tarmac Phase I				
FEDERAL ASSIS	or many and disposit, and				-				
1. TYPE OF SUBMISSIO	ÓN:			3. DATE RECEIVED BY	STATE	Ştate Applicat	ion (dentifier		
Application  Construction		reapplication Construct	ion	4. DATE RECEIVED BY	EDERAL AGENCY	Federal Identi	lier		
Non-Construction	DMATION	Non-Cons	truction	_			Market and the second s		
5. APPLICANT INFO	RMATION			<u> </u>	Organizationa	al Unit			
City of Reedely	<b>V</b> lunicipal	l Airport				Public Works			
Organizational DUNS: 0	0-494-063	31 ്	V470-T-1		Division: Air	port			
			RF(	CEIVED-	LL		erson to be contacted on		
Address: Street: 1733 Ninth St	reet	-+	1 Librar V	Self Person R. M. Noves Desir.		sphone number of pering this application			
			MAF	· 6 2008	Prefix: Mr.	First Name:	Dana		
City: Reedley	<u> </u>		STATE C	LEARING HOUSE	Middle Name:	R			
County: Fresno					Last Name: R	itschel			
State: Ca		Zip Cod	de: <b>93654</b>		Suffix:				
Country: USA				, , ,	Email: dana.ri	tschel@reedley.com			
6. EMPLOYER IDENT	TIFICATION	NUMBER	EIN):		Phone number	(give area code):	FAX number (give area code):		
9 4 6 0	0 0 0	4 0	2			-4200 ext 277	(559) 637-2139		
	<del></del>				7. TYPE OF A	PPLICANT: (See back	of form for Application Types)		
⊠ New	/ L Co	ontinuation	Revi	sion	Other (specify)	<u></u>			
If Revision, enter appropr (See back of form for des	iate letter(s) in cription of lette	n box(es): ers)			. ,	9. NAME OF FEDERAL AGENCY			
Other (specify)				<b>L</b>	FAA				
						11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FE	DERAL DO		T		l armac rec	Tarmac reconstruction - Phase I of III.			
TITLE:		2	0 -	1 0 6					
12. AREAS AFFECTE	ED BY PRO.	JECT (cities	s, counties, s	tales, etc.);					
13. PROPOSED PRO	IECT.				14 CONCOCO	CIONAL DICTOIOTO	0.5		
Start Date			En	ding Date	14. CONGRESSIONAL DISTRICTS OF  a. Applicant  b. Project				
5/1/200				/1/2008	21		21		
15. ESTIMATED FUNI	DING				16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE		
a. Federal	5		2	50,000 .ua		RDER 12372 PROCE	SS PPLICATION WAS MADE		
b. Applicant	\$			.00 -	AV		E EXECUTIVE ORDER 12372		
c. Stale	\$			.00	DA	TE: 3/6/2008			
d. Local	\$	_		5000 .00		OGRAM IS NOT COVER	ED BY E. O. 12372		
e. Other	\$			,tu			EEN SELECTED BY STATE FOR		
f. Program income \$ .00						VIEW LICANT DELINQUENT	ON ANY FEDERAL DEBT?		
	\$	-	25	5,000 ····		ittach an explanation	⊠ No		
ATTACHED ASSURA	EN DULY AU NCES IF TH	UTHORIZE	D BY THE	GOVERNING BODY	APPLICATION/PR OF THE APPLICAN	EAPPLICATION ARE IT AND THE APPLIC	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE		
a. Authorized Representa			_				N 2000 0000		
Prefix Mr		First Name	Dana			Middle Name R			
Last Name Ritschel						Suffix			
b. Title Airport Mar		_7_1				c. Telephone number (559) 637-4200			
d. Signature of Authoriz	Represe	entative f				e. Date Signed 3/6/2008			

p.1

ADDITION FOR						Version 7/
APPLICATION FOR FEDERAL ASSISTANCE	1	2. DATE SUBMITTED		A	opplicant Ider	ាប់fier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	s	state Applica	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY F	ederal Identi	fier
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION	w Not Foot Ist action					
Legal Name:			Organization	nal Unit:		
HAYFORK FIRE P	ROTECTION DI	STRICT	Department: Hayfor	rk Vol	unteer	Fire Dept
Organizational DLIMS:			Division:			_
Address:	66928		Name and te	lephone n	umber of pe	rson to be contacted on matters
Street:		ULIVEL	Involving thi	is applicati	on (give are	ea code)
7230 State	Hwy #3	MAD . C ass	Prefix:	F	īrst Name:	Dick
City:		MAR 6 2008	Middle Name	1	· · · · · ·	
Hayfork County:			Last Name	<del></del>		
Trinity	STA	ATE CLEARING HOUS		Murra	<u>y</u>	
State: Calif.	Zip Code 96041-	0613	Suffix:			
Country:		0010	Email: di	ckm@c	om-pai	r.net
USA 6. EMPLOYER IDENTIFICATION	I NI MPED (EIN):		Phone Number			Fax Number (give area code)
	R NCMBER (EM).		530-41	10-152	2	,-
JO-534 08 90			530-62	28-546	4 T: (See back	k of form for Application Types)
8. TYPE OF APPLICATION:	m	T 8	I I		1 Dist	
If Revision, enter appropriate lette		n 🔲 Revision	9. 0	pecia	I DISC	1100
(See back of form for description	of letters.)	$\Box$	Other (specify)	'}		
Other (specify)		احما	9. NAME OF	FEDERAL	AGENCY:	
Care (Special)			USDA R	Rural	Develo	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:				CANT'S PROJECT:
e e		10-766				Public Safety
TITLE (Name of Program):Com	munity Facil					the Fire Dept. & Life Support an
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	States, etc.):				saster center fo
•		V 12	the con			codder center 10
Community of Hay 13. PROPOSED PROJECT	Arork bins s	ullounging	14. CONGRE			OF:
Start Date:	Ending Date:		a. Applicant			b. Project
10/1/08 15. ESTIMATED FUNDING:	7/1/09		Dis	t. 1	P IECT TO	Dist. 1 REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:						
a. Federal \$	5	75,000	a. Yes. XX	HIS PREAF	PLICATION	APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	<u>~</u>	<del>,,,,</del>			OR REVIEW	
c. State \$		vo ·		ATE:		
CDBG grant	Net 7	50,000				
d. Local \$		60,000	b. No. 🛄 PF	ROGRAMI	S NOT COVE	ERED BY E. O. 12372
e. Other \$		. w		R PROGRA		BEEN SELECTED BY STATE
f. Program Income \$						T ON ANY FEDERAL DEBT?
g. TOTAL \$	. 1,3	85,000	Yes If Yes	s" attach an	explanation.	<b>XX</b> No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	LEDGE AND BELIEF, UTHORIZED BY THE G	ALL DATA IN THIS APPL SOVERNING BODY OF T	ICATION/PRE HE APPLICAN	APPLICAT	TON ARE TE E APPLICAN	RUE AND CORRECT. THE (T WILL COMPLY WITH THE
a. Authorized Representative						
Prefix F	First Name Richa	rd "Dick"		Middle Nar	ne	
Last Name Murray				Suffix		
o, Title						give area code)
Whers Repres	sentative			530-4 e. Date Sig	10-152	2
- ALILIN YER				. Date dig	ned 3/L	2/06
Previous Edition Usable Authorized for Local Reproduction						Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE		2. DATE SUBMITTED 3-6-2008		Applicant Ide	
1. TYPE OF SUBMISSION:	-	3. DATE RECEIVED	BY STATE	State Applica	ation Identifier
Application	Pre-application	A DATE RECEIVED I	SY FEDERAL AGENCY	Federal Iden	tifier
Construction	Construction	T. DATE RECEIVED	I LELIAL AGENCY	1 Suchai luon	
5. APPLICANT INFORMATION	Non-Construction				
Legal Name:	•		Organizational Un	it:	
Sacramento Area Council of Gov	vernments		Department:		
Organizational DUNS: 555895705	RECE	TIVED	Division;		•
Address:		14111	Name and telepho	ne number of p	erson to be contacted on matters
Street: 1415 L Street, Suite 300	MAR -	6 2008	involving this app		ea code)
1213 E Street, Suite 300		0 2000	Prefix:	First Name: Barbara	
City: Sacramento	STATE CLEA	RING HOUSE	Middle Name Jane Evans		* * * * * * * * * * * * * * * * * * * *
County: Sacramento		The second secon	Last Name VaughanBechtoid		
State: California	Zip Code 95814		Suffix:	-	
Country: USA			Email: byaughanbechtold	gisacou oro	
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
68-0153162			916-321-9000		916-321-9551
8. TYPE OF APPLICATION:		'	7. TYPE OF APPLI	CANT: (See bad	ck of form for Application Types)
₹ New		n 🗔 Revision	G. Special District		
If Revision, enter appropriate lette (See back of form for description of	of letters.)		Other (specify)		
Other (specify)			9. NAME OF FEDE	RAL AGENCY:	
			Federal Transit Adm		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	10 0-4 v - 10 0-10 0-10 0-10 0-10 0-10 0-10 0-		ICANT'S PROJECT:
		20-516	FFY 2006 JARC Sa	ic Urbanized Are	a projects
TITLE (Name of Program): Job Access Reverse Commute					
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	States, etc.):			
State of CA, El Dorado, Placer, S	Sacramento, Sutter, Yold	and Yuba counties			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:
Start Date: 9-1-2005	Ending Date: 9-30-2008		a. Applicant		b. Project
15. ESTIMATED FUNDING:	3-30-2006		1, 2, 3, 4, & 5	N SUBJECT TO	REVIEW BY STATE EXECUTIVE
		- 00	<b>ORDER 12372 PRO</b>	CESS?	
a. Federal \$		735,658			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
b. Applicant \$	•	0	THE SUICE IN THE STATE OF THE S	SS FOR REVIE	
c. State \$		.00	DATE:		
d. Local \$ Subrecipients		735,658	b. No. I PROGR	AM IS NOT COV	ÆRED BY E. O. 12372
e. Other \$		.∞	OR PRO	GRAM HAS NO	OT BEEN SELECTED BY STATE
f. Program Income \$		- 00			NT ON ANY FEDERAL DEBT?
g. TOTAL \$		1,471,316	Yes If "Yes" atta	ch an explanation	n. 🛂 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF.	ALL DATA IN THIS AL	PPLICATION/PREAPPI	ICATION ARE	TRUE AND CORRECT THE
DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF TH	UTHORIZED BY THE (	SOVERNING BODY OF	THE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative Prefix	Circ) Name		1010		
	First Name Karen		Middl	e Name	
Last Name Wilcox			Suffix		
o. Title	1		c. Tel	ephone Number	(give area code)
Director of Finance Signature of Authorized Repres		1	916-0	321-9000 te Signed 9 /	(3.00 0.00 0000)

Prefix: \* First Name: Middle Name: - Last Name: Suffix: Leon Balents Position/Title: Professor VI, Off-Scale \* Organization Name: The Regents of the University of California Department: Physics Division: 3019 Broida Hall \* Street1: STRANT? State: | CA: Californ " City: Santa Barbara County: Santa Barbara Province: " ZIP / Postal Code: 93106 Country: JNITED ST

Fax Number: 805/893-2902

\* Phone Number: 805/893-5670

OMB Number: 4040-0001

Expiration Date: 04/30/2008

'Email: balents@physics.ucsb.edu

SF 424 (R&R) APPLIC...ION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED	PROJECT FUNDING		17	7. * IS APPLICATION ORDER 12372 PRO	SUBJECT TO REVIEW BY S ICESS?	TATE EXECUTIVE
	led Project Funding & Non-Federal Funds	393,971.00 393,971.00	а.	AVAILABLE	APPLICATION/APPLICATION E TO THE STATE EXECUTIVE FOR REVIEW ON:	
c. * Estimated Pr	ogram Income	0.00	.		IS NOT COVERED BY E.O.	
true, compl resulting to criminal, ci	ete and accurate to t	he best of my kno ard, I am aware tha	wiedge, I also p at any false, ficti	rovide the required tious, or fraudulent	ations* and (2) that the state assurances * and agree to statements or claims may s	comply with any
* The list of car	rlifications and assurances,	or an internet site who	ro you may obtain th	is list, is contained in the	ennounsament or agancy specific li	netruations.
	Representative irst Name: ส	Mi	ddle Name:		^ Last Name:  Egen-Williams	Suffix:
* Position/Title:	Sponsored Projects O	ficer	Organization:	The Regents of the	University of Callfornia	
Department:	Office of Research		Division:	Sponsored Projects		
* Street1:	Cheadle Hall		Street2:			
City: Santa B	Barbara	Count	y: Santa Barbara		State: CA: Californ	
Province:		. 00	ountry: JNITED	ST * ZIP / Postal (	Code: 93106	
* Phone Number	: 605/893-8809	Fax N	umber:  805/893	-2611	* Email; proposals@res	earch.ucsb.edu
,	* Signature of Authori	zed Representativ	/e		* Date Signed	
	Completed on submis	sion to Grants.gov		C	ompleted on submission to Gr	ants.gov
20. Pre-applica	tion			A	dd Attachment	<u> </u>
21. Attach an a	dditional list of Proje	ct Congressional I	Districts if neede	ed.		1110
	11.000000000000000000000000000000000000	Add Attachm	ent			

T-043 P002/002 F-366

(Cartifled Gurnoi 9/19/67)

APPLICATION F	OR		2. DATE SUBMITTED	Applicant Identifier			
FEDERAL ASSIS	March			7, 2008		AWOS	
1. TYPE OF SUBMISSION			3. DATE RECEIVED BY STA	TE	State Application	on Identifier	
Application  ☑ Construction ☐ Non-Construction		pplication onstruction lon-Construction	4. DATE RECEIVED BY FED	ERAL AGENCY	Federal Identiti	er	
5. APPLICANT INFO							
Legal Name: City of Reedely I	Municipal A	iroort		Organizational Department: Pt	Unit:		
Organizational DUNS: 0	0-494-0631			Division: Airpo		A Constant of the stant of the	
Address: Street: 1733 Ninth S	treet			Name and telep matters involving	none number of peng this application (	rson to be contacted on give area code)	
				Prefix: Mr.	First Name:	ana	
City: Reedley				Middle Name: F		RECEIVED	
County: Fresno				Last Name: Rit	schel	MAR - 6 2008	
State: Ca		Zip Code: 93654		Suffix:			
Country: USA				Email: dana.rits	chel@reedley.com	STATE CLEARING HOUSE	
6. EMPLOYER IDEN	TIFICATION N	ÛMBER <i>EIN</i> ):		Phone number (	jive area code):	FAX number (give area code):	
	0 0 0	4 0 2			200 ext 277	(559) 637-2139	
8. TYPE OF APPLICATI	ION:			7. TYPE OF AP	PLICANT: (See back	of form for Application Types)	
⊠ Név	v Cont	nuation 🔲 Rev	vision	Other (specify)			
If Revision, enter appropr				9. NAME OF FEDERAL AGENCY			
(See back of form for des	scription of letters	)		FAA			
Other (specify)				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
10. CATALOG OF FI	EDERAL DOM	ESTIC ASSISTAN	CE NUMBER	Installation of a AWOS III sytem. :			
		2 0 -	1 0 6			T	
TITLE:							
12. AREAS AFFECT	ED BY PROJE	CT (cities, counties,	states, etc.):	1			
13. PROPOSED PRO	DJECT			14. CONGRESS	IONAL DISTRICTS		
Start Date			Inding Date	a. Applicant  21	·	b. Project 21	
5/1/200 15. ESTIMATED FUN			1/1/2008	Carlo	TION SUBJECT TO	REVIEW BY STATE	
				EXECUTIVE OR	DER 12372 PROCE	SS	
a. Federal	\$		85000	AVA	LABLE TO THE STATE	PELICATION WAS MADE E EXECUTIVE ORDER 12372	
b. Applicant	\$			] PRO	CESS FOR REVIEW O	N	
c. State	\$		00		≅: 3/6/2008		
d. Local	\$		5000		GRAM IS NOT COVER		
e. Other	\$		.00	REV	EW	PEN SELECTED BY STATE FOR	
f. Program income	\$		.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$		90000	Yes If "Yes" all		⊠ No	
DOCUMENT HAS BE ATTACHED ASSURA	EN DULY AU	THORIZED BY THI	E GOVERNING BODY O	FTHE APPLICANT	APPLICATION ARE	TRUE AND CORRECT, THE ANT WILL COMPLY WITH THE	
a. Authorized Represent	ativė				-		
Prefix Mr		rst Name Dana	***		Middle Name R		
Last Name Ritsche					Suffix		
b. Title Airport Ma		111	2		c. Telephone number (559) 637-4200	ext 277	
d. Signature of Muthor		thive f		e. Date Signed 3/6/2008			

Application for Federal Assis	stance SF-424		Version 02
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication	X New		
X Application	Continuation	* Other (Specify)	J
Changed/Corrected Application	Revision		And and parties from
* 3. Date Received:	4. Applicant Identifier:		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:	
	Marie 1971		
State Use Only:			
6. Date Received by State:	7. State Applicatio	n Identifier:	
8. APPLICANT INFORMATION:			MECEIVED
*a. Legal Name: Lake Elsin	nore, City of		MAR - 6 2008
* b. Employer/Taxpayer Identification No	umber (EIN/TIN):	* c. Organizational DUNS:	
95-6000707		021798863	STATE CLEARING HOUSE
d. Address:			The Parties and Constitution of the Parties and the Parties an
* Street1: 130 Sout	h Main Street		
Street2:		And a filtred of particular in the contract of	F 80-30 LOCAL MARIE AND A STATE AND A STAT
*City: Lake Els:	inore		
County: Riverside	е		
* State: Californ:	ia		
Province:		. ,	
* Country:		USA: UNITED STATES	
* Zip / Postal Code: 92530		No.	
e. Organizational Unit:			
Department Name:		Division Name:	
Redevelopment Agend	сy	Economic Development	t
f. Name and contact information of p	person to be contacted on	matters involving this application:	
Prefix:	* First Nam	ne: Steven	1 - 2 of A-15 (to
Middle Name:			
* Last Name: McCarty			
Suffix:			
Title: Redevelopment P	roject Manager	c	
Organizational Affiliation:			
The Redevelopment	Agency of the	City of Lake Elsinore	
* Telephone Number: 951-674	-3124, ext. 31	4 Fax Number: 951-67	4-2392
*Email: smccarty@lake	-elsinore.org		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
C. City Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	~
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Economic Development Administration, Department of Commerce	
11. Catalog of Federal Domestic Assistance Number:	
11.300	
CFDA Title:	
Grants for Public Works and Economic Development Facilities	
* 12. Funding Opportunity Number:	
EDA022206	1
* Title:	air
FFO Announcement for Economic Development Assistance Programs	1
authorized by the Public Works and Economic Development Act of	
1965, as amended	
13. Competition Identification Number:	
N/A	
Title:	,
N/A	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Cities: City of Lake Elsinore and surrounding region (e.g., Canyon	7
Lake, Murrieta, Temecula); County: Riverside County; State:	
California	
* 15. Descriptive Title of Applicant's Project:	, ,
Lake Elsinore Technology Center: Business Incubator Project (see	
the attached map of project location and the attached summary	
description of project)	J .
Attach supporting documents as specified in agency instructions.	
RECEIVED	
MAR - 6 2008	
MAK - 0 2000	
ATTE OF EADING HOLL	SE

Application for	Federal As	sistance SF-4	124	100		Version 02			
16. Congressional	Districts Of:								
* a. Applicant C.	A-049			* b. Program/Pro	oject CA-049				
Attach an additional	list of Program	n/Project Congress	sional Districts if neede	d.	er.				
(see attac	hed lis	t) Add At	techment Delete A	lachment View Attachment					
17. Proposed Proje	ect:								
* a. Start Date: 0	7/2008			* b. End	Date: 07/2009				
18. Estimated Fund	ding (\$):								
* a. Federal	2,600,	000		-					
* b. Applicant	3,257,	500							
* c. State									
* d. Local		16 (3.03)							
* e. Other									
* f. Program Income		on St	7.00						
* g. TOTAL	5,857,	500							
a. This applicatio	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  In a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review.  In a c. Program is not covered by E.O. 12372.								
* 20. Is the Applica	nt Delinquent	On Any Federal	Debt? (If "Yes", prov	ide explanation.)					
Yes X	] No	Explanation							
herein are true, co comply with any re may subject me to	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency								
Authorized Repres	entative:								
Prefix: Mr			* First Name: Ro	bert					
Middle Name: A.				,					
* Last Name: Br	ady	After a constitution and an extension of the second solid cold to the second solid cold to the second solid cold to the second solid to the second	ass of with the large Profession Standard Bridge (Philadel Arabet Standard Bridge) (1994) A Standard Profession (1994) A Standard Bridge (1994) A	3347-4467-	or fact with a file of				
Suffix:					- Castalina Paper				
*Title: City	Manager				do Pr				
* Telephone Number	951-67	4-3124		Fax Number: 951	-674-2392				
*Email: bbrac	dy@lake-	elsinore	.org						
* Signature of Author	ized Represent	tative:	MLN	* Date Signed: 0	3/06/2008				
Authorized for Local	Penroduction	-//	/ /		Standard Form 424	(Dayland 10/2005)			

Prescribed by OMB Circular A-102

G.A.

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB 03/06/2008	MITTED	Applicant Identif	Applicant Identifier		
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application	Rentifier EIVED		
1. * TYPE OF SUBMISSION	4. Federal Ide	entifier				
Pre-application Application  Changed/Corrected Application	DE-FC02-04E	R54698		MAR - 7 2008		
5. APPLICANT INFORMATION		* Organization	onal DUNS: 0676389575	TATE CLEARING HOUSE		
* Legal Name: General Atomics				Notice to the second se		
Department: Energy	Division: M	agnetic Fusion				
* Street1: 3550 General Atomics Court	Street2:					
* City: San Diego Co	unty:		* State: CA: Califor	1		
Province:	* Country: JNIT	ED ST * ZIP / Postal Code	92121-1122			
Person to be contacted on matters involving this applica				Cuffin		
Prefix: * First Name:  Ms. Ramona	Middle Name:		* Last Name: Gompper	Suffix:		
	ax Number: 858	3-455-3545	Email: ramona.gomp	pper@gal.com		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA				
95-3735102		N 1	ofit Organization (Other the	n Small Business)		
8. * TYPE OF APPLICATION: New		Other (Specify):		Manager and the second		
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Socially a	on Type nd Economically Disadvantaged		
If Revision, mark appropriate box(es).		9.* NAME OF FEDERAL AGENCY:				
A. Increase Award B. Decrease Award C. In	crease Duration	Chicago Service Center				
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				
* Is this application being submitted to other agencies?	Yes No ✓					
What other Agencies?		TITLE: Office of Science Financial Assistance Program				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT						
DflI-D National Fusion Program Research and Facility O	perations and Ad	vanced Fusion Technology	Research and Developmen	ACCUSANT PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PR		
12. * AREAS AFFECTED BY PROJECT (cities, countil See Congressional Districts attachment	es, states, etc.)			RECEIVED		
13. PROPOSED PROJECT:		14. CONGRESSIONAL I	DISTRICTS OF:	MAR 6 2008		
* Start Date * Ending Date		a. * Applicant	b. * Projec			
11/01/2008 10/31/2013		CA-53	CA-53	STATE CLEARING HOU		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INF	ORMATION	Garage Control of the			
Prefix: * First Name:	Middle Name:	- Malayer	* Last Name:	Suffix:		
Dr. Tony	S.		Taylor			
Position/Title: Director, DIII-D National Fusion Program	n * Organizatio	on Name: General Atomic	OS			
Department: Energy	Division:	Magnetic Fusio	n			
* Street1: 3550 General Atomics Court	Street2:					
* City: San Diego Cou	unty:		* State: CA: Callfor			
Province:	* Country: JNIT	ED ST * ZIP / Postal C	ode: 92121-1122			
* Phone Number: 858-455-3559 Fa	ax Number:		* Email: taylor@fusion			

03-06-2008

3/3

21. Attach an additional list of Project Congressional Districts if needed.

 $\mathcal{F}_{i}(\mathcal{H}_{i}) = \mathcal{F}_{i}(\mathcal{H}_{i}) + \mathcal{F}_{i$ 

districts.pdf

<u> </u>	R) API	SATIONTORTE					Page 2
16. ESTIMATED PROJECT FUNDING			17	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
. * Total Estimated Project Funding 378,201,7		378,201,704.00	a.	YES THIS PREAPP	PLICATION/APPLICATI O THE STATE EXECU		72
o. * Total Federal & Non-	otal Federal & Non-Federal Funds 378,201,704				PROCESS FOR REVIEW ON:		
. * Estimated Program I	ncome	0.00	D	DATE: 03/06/2008			
		1	b.	NO PROGRAM IS	NOT COVERED BY E	.O. 12372; OR	
				PROGRAM H	AS NOT BEEN SELEC	TED BY STATE F	OR
resulting terms if I criminal, civil, or a	dministrative	penalties. (U.S. C	ode, Title 18, Sec	ction 1001)			
criminal, civil, or a  * I a  * The list of certification.  19. Authorized Repres	dministrative gree s and assurances, sentative	or an internet site whe	ere you may obtain thi	is list, is contained in the ann	nouncement or agency spec	ific instructions.	0
criminal, civil, or a  * * The list of certification  19. Authorized Repres  Prefix: * First Name	dministrative gree s and assurances, sentative	or an internet site whe	- duche somewhater as the somewhater	is list, is contained in the ann	nouncement or agency spec	ific instructions.	Suffix:
*The list of certification  19. Authorized Repres Prefix: *First Nam  Ramona	dministrative gree s and assurances, sentative	or an Internet site wha	ere you may obtain thi	is list, is contained in the ann	nouncement or agency spec	ific instructions.	Suffix:
criminal, civil, or a  ✓ * I a  * The list of certification  19. Authorized Repres  Prefix: * First Nam  Ms. Ramona  * Position/Title: Sr. Con	dministrative gree s and assurances, sentative	or an Internet site whe	are you may obtain thi	is list, is contained in the ann	nouncement or agency spec	ific instructions.	Suffix:
* The list of certification  19. Authorized Repres Prefix: * First Nam Ms. Ramona  * Position/Title: Sr. Con Department: Contra	dministrative gree s and assurances, sentative ne:	or an Internet site wha	are you may obtain this	is list, is contained in the ann	nouncement or agency spec	ific instructions.	Suffix:
* The list of certification  19. Authorized Repres Prefix: * First Nam Ms. Ramona  * Position/Title: Sr. Con Department: Contra  * Street1: 3550 G	dministrative gree s and assurances, sentative ne: ntract Administr. cts and Purchas	or an Internet site wha	* Organization: Division: Street2:	is list, is contained in the ann	nouncement or agency spec		Suffix;
criminal, civil, or a  * I a * The list of certification  19. Authorized Repres  Prefix: * First Nam  Ms. Ramona  * Position/Title: Sr. Cor  Department: Contra * Street1: 3550 G  * City: San Diego	dministrative gree s and assurances, sentative ne: ntract Administr. cts and Purchas	or an Internet site whe	ore you may obtain this  iliddle Name:  * Organization:  Division:  Street2:	is list, is contained in the ann	Last Name: compper		Suffix:
criminal, civil, or a  . * The list of certification  19. Authorized Repres Prefix: * First Nam Ms. Ramona  * Position/Title: Sr. Con Department: Contra  * Street1: 3550 G	dministrative gree s and assurances, sentative ne: ntract Administraticts and Purchas Seneral Atomics	or an Internet site whe	ore you may obtain this  Iddle Name:  * Organization:  Division:  Street2:	General Atomics	Last Name: iompper  * State: CA: Cal		Suffix:

APPLICATION FOR FEDERAL ASSISTANCE	<b>:</b>		2. DATE SUBMITTED	-	Applicant Ider	Version 7/0:
1. TYPE OF SUBMISSION:	r -		3/6/08 3. DATE RECEIVED B	YSTATE	State Applicat	tion Identifier
Application	Pre-appli	cation				don identitier
☐ Construction	Const		4. DATE RECEIVED B	Y FEDERAL AGEN	CY Federal Identi	fier
Non-Construction	Non-C	onstruction				
5. APPLICANT INFORMATION Legal Name:				Organizational	Unit:	
Westside Tule Enterprise Comr	nunity			Department:	ron Community Cen	tom
Organizational DUNS:	•			Division:		
611723573 Address:		1317			ron Enterprise Com	munities erson to be contacted on matters
Street:		HE	DEIVED	involving this a	pplication (give are	ea code)
198 E. Elm Street, Suite 102		MAG	R 1 0 2008	Prefix: Ms.	First Name: Becky	
City: Coalinga		WIAI	1 0 2000	Middle Name E.		
County: Fresno		STATE C	LEARING HOUSE	Last Name Barabé		
State: California	Zip Code 93210		WINVESTIGUOL	Suffix:		
Country: United States	332 10		W-X	N/A Email:		
United States  6. EMPLOYER IDENTIFICATION	N NIMPE	D (EINI).		bbarabe@wests		Cov Number (
		K (EIIV).		(559) 824-3730	give area code)	Fax Number (give area code)
2 0 - 2 0 9 5 5 3 7 8. TYPE OF APPLICATION:	J				ILICANT. (C. L.	(559) 325-5730
IZ: Nev	v 🗀	Continuation	n	1		k of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	er(s) in box		T. REVISION	O. Not for Profit Other (specify)	Organization	
Other (specify)					DERAL AGENCY: partment of Agricult	ure
10. CATALOG OF FEDERAL	OMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):			10-769	Multimedia Desig	gn & Print Production	n Project
Rural Business Enterprise Gran  12. AREAS AFFECTED BY PR		tios Counties	States etc.):	_		
Coalinga & Huron, Fresno Cour	100 - 100 -		, States, etc./.			
13. PROPOSED PROJECT	ity, Californ			14 CONGRESS	ONAL DISTRICTS	OE:
Start Date:	Ending			a. Applicant	ONAL DIOTAIOTS	b. Project
7/1/2008	6/30/20	09		Jim Costa	TION SUBJECT TO	Jim Costa  REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:				ORDER 12372 PI	ROCESS?	
a. Federal \$			249,800	a. Yes. Z THIS	PREAPPLICATION	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$			6,300		CESS FOR REVIEW	
c. State \$			0,300	DATI	E: 2/25/08	
d. Local \$			.00	b. No. T PRO	GRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$			440.740.	D. NO.		T BEEN SELECTED BY STATE
f. Program Income \$			118,710	FOR	REVIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			00	- Ves if "Ves" o	ttach an explanation	ı. 🗷 No
18. TO THE BEST OF MY KNO	WLEDGE A	AND BELIEF.	374,810 ALL DATA IN THIS AP	1		
DOCUMENT HAS BEEN DULY	AUTHORIZ	ED BY THE	<b>GOVERNING BODY OF</b>			
ATTACHED ASSURANCES IF 1 a. Authorized Representative	HE ASSIS	TANCE IS A	WARDED.			
Prefix Ms.	First Name Becky	= ====		Mi	ddle Name	
Last Name Barabé	300.1	-			ffix	
b. Title Executive Director				c.	Telephone Number 59) 824-3730	(give area code)
d. Signature of Authorized Repre	sentative ,			e.	Date Signed	· · · · · · · · · · · · · · · · · · ·
Previous Edition Usable	west				25/08	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproductio	n					Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	•	Applicant Ider	Version 7/03
		3/6/08	-		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identi	fier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Ur	nit:	
Westside Tule Enterprise Comm	nunity		Department: Coalinga Commun		***
Organizational DUNS: 611723573			Division:		~
611723573 Address:	Priced free gard	3,400	Coalinga Enterpris		erson to be contacted on matters
Street:	RECE	VED	involving this app	lication (give are	a code)
198 E. Elm Street, Suite 102		2000	Prefix: Ms.	First Name: Becky	
City: Coalinga	MAR I 0	2008	Middle Name E.		
County: Fresno	CTATE OL CADI	NG HOUSE	Last Name Barabé		
State: California	Zip Code CLEARI 93210	NG HOUSE	Suffix: N/A		
Country: United States	<b>302</b>		Email:		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		bbarabe@westsid Phone Number (giv		Fax Number (give area code)
20-2095537			(559) 824-3730	,	(559) 325-5730
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
₹ New		n 🔲 Revision	O. Not for Profit O	rganization	**
If Revision, enter appropriate lette (See back of form for description		_	Other (specify)		
Other (specify)			9. NAME OF FEDI	BAL AGENCY:	
			United States Dep	artment of Agricult	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	could you see the tree of the		CANT'S PROJECT:
TITI 5 (1)		10-769	Coalinga Arts & M	edia Project	
TITLE (Name of Program): Rural Business Enterprise Grant					
12. AREAS AFFECTED BY PRO		, States, etc.):			
Coalinga, Fresno County, Califo	mia 		14. CONGRESSIO	NAL DISTRICTS	OF.
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	MAL DISTRICTS	b. Project
7/1/2008	6/30/2009		Jim Costa	ON SUB (ECT TO	Jim Costa
15. ESTIMATED FUNDING:			ORDER 12372 PR	DCESS?	REVIEW BY STATE EXECUTIVE
a. Federal \$		250,000			VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$	-	2,400		ESS FOR REVIEW	
c. State \$		- od	DATE:	2/29/08	
d. Local \$		.00	b. No.  PROG	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other \$		122,690	OR PR		T BEEN SELECTED BY STATE
f. Program Income \$		00		EVIEW CANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		375,090	Yes If "Yes" att	ach an explanation	n. 💆 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PREAP	LICATION ARE T	TRUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T			THE APPLICANT A	ND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			Mid	dle Name	
Prefix Ms.	First Name Becky		E.		
Last Name Barabé			Suff N/A		
b. Title Executive Director			(55	elephone Number 9) 824-3730	(give area code)
d. Signature of Authorized Repre-	sentatives Called			ate Signed 9/08	
Previous Edition Usable Authorized for Local Reproduction	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR		2 DATE SUBMITTED		1	Version 7/03
FEDERAL ASSISTANCE		3/6/08		Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	tion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction		-		
5. APPLICANT INFORMATION Legal Name:			Organizational Un	it.	
Westside Housing & Economic I	Network		Department: N/A	ıt	
Organizational DUNS: 800557345		-	Division:	- H	
Address:			N/A	ne number of ne	rson to be contacted on matters
Street:	REC	EIVED	involving this app	ication (give are	a code)
23018 S. Lake Ave. P.O. Box 188	1.120	LIVED	Prefix: Mr.	First Name: Albert	
City: Five Points	MAR	1 0 2008	Middle Name N/A		
County: Fresno			Last Name Miller		
State: California	Zip Code TATE CLE, 93624	ARING HOUSE	Suffix: N/A	•	
Country: United States			Email: abmbirds@aol.com		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
5 5 -0 7 9 9 4 6 8			(559) 884-2308		(559) 325-5730
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
₹ New	Continuation	Revision	O. Not for Profit Or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
If Revision, enter appropriate lette (See back of form for description			Other (specify)	ganization	
Other (specify)		Li	9. NAME OF FEDE	PAL ACENCY:	
			United States Depa	rtment of Agricult	1.00_01_
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			CANT'S PROJECT:
		10-769	Female Resources	& Entrepreneurs	Serving Healthy (FRESH) Foods
TITLE (Name of Program): Rural Business Enterprise Grant	s (RBEG)				
12. AREAS AFFECTED BY PRO		States, etc.):			
Unincorporated area of Five Poir	nts, California, Fresno Co	ounty			
13. PROPOSED PROJECT	Ending Date:		14. CONGRESSION	IAL DISTRICTS	
Start Date: 7/1/2008	Ending Date: 6/30/2009		a. Applicant Jim Costa		b. Project Jim Costa
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		71,106	A Yes THIS PI	REAPPLICATION	APPLICATION WAS MADE
b. Applicant \$		23,220		SS FOR REVIEW	ATE EXECUTIVE ORDER 12372 VON
c. State \$		00	DATE:	3/3/08	
d. Local \$			b. No. PROGR	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$		90		OGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$		12,650	FOR RE	VIEW	NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00			
g		106,976	Yes If "Yes" atta		
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY A					
ATTACHED ASSURANCES IF T	HE ASSISTANCE IS AV	VARDED.			
a. Authorized Representative Prefix Mr.	First Name			le Name	
Mr. Last Name	Albert		N/A Suffix		
Miller			N/A		(sing atop ands)
o. Title Executive Director				ephone Number 884-2308	(give area code)
Signature of Authorized Repres	entative albus	w.Mi	e. Da 2/29	te Signed /08	
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FEDERAL ASSISTANCE	Ē		2. DATE SUBMITTED		Applicant Iden	Version 7/03
1. TYPE OF SUBMISSION:			3/6/08  3. DATE RECEIVED B	BY STATE	State Applicat	ion Identifier
Application	Pre-app	olication				
Construction	Cons	struction	4. DATE RECEIVED	BY FEDERAL AGEN	NCY Federal Identif	ier
Non-Construction 5. APPLICANT INFORMATION		Construction				
Legal Name:				Organizational	Unit:	
Westside Housing & Economic	Network			Department: N/A		
Organizational DUNS: 800557345		RE(	EIVED	Division: N/A		
Address:				Name and tele		rson to be contacted on matters
Street: 23018 S. Lake Ave.		MAR	1 0 2008	Prefix:	application (give are First Name:	a code)
P.O. Box 188				Mr.	Albert	
City: Five Points		STATE CL	EARING HOUSE	Middle Name N/A		
County: Fresno				Last Name Miller		
State: California	Zip Code 93624	е		Suffix: N/A		
Country: United States				Email: abmbirds@aol.		-
6. EMPLOYER IDENTIFICATIO	N NUMB	ER (EIN):		Phone Number		Fax Number (give area code)
5 5 -0 7 9 9 4 6 8				(559) 884-2308	•	(559) 325-5730
8. TYPE OF APPLICATION:				7. TYPE OF AP	PLICANT: (See back	of form for Application Types)
☑ Nev		Continuation	n 🖫 Revision	O. Not for Profit	t Organization	
f Revision, enter appropriate lett (See back of form for description				Other (specify)		
Other (specify)			Ш	9 NAME OF FE	DERAL AGENCY:	
- carer (specify)				United States D	epartment of Agriculti	
10. CATALOG OF FEDERAL I	DOMESTI	C ASSISTANC	E NUMBER:	Contract of the contract of th	VE TITLE OF APPLI	CANT'S PROJECT:
			1 0-7 6 9	Five Points Con	nmunity Park	
TITLE (Name of Program): Rural Business Enterprise Gran	ts (RBEG	;)				
12. AREAS AFFECTED BY PR			, States, etc.):	_		
Unincorporated area of Five Poi	ints, Califo	omia, Fresno C	ounty			
13. PROPOSED PROJECT	16.0				SIONAL DISTRICTS	
Start Date: 7/1/2008	6/30/2	g Date: 2009		a. Applicant Jim Costa		b. Project Jim Costa
15. ESTIMATED FUNDING:						REVIEW BY STATE EXECUTIVE
a. Federal \$				a. Yes. Z THI		/APPLICATION WAS MADE
b. Applicant \$			150,753	AVA	AILABLE TO THE STA	ATE EXECUTIVE ORDER 12372
			33,480			7 014
c. State \$				DAT	TE: 3/3/08	
d. Local \$			00	b. No. 🗇 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$		-	41,900 `			T BEEN SELECTED BY STATE
f. Program Income \$			.00		REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$			226 122		attach an explanation	. <b>V</b> No
18. TO THE BEST OF MY KNO	WLEDGE	AND BELIEF	226,133 ALL DATA IN THIS A			
DOCUMENT HAS BEEN DULY	AUTHOR	IZED BY THE	GOVERNING BODY O			
ATTACHED ASSURANCES IF 1 a. Authorized Representative	HE ASSI	ISTANCE IS A	WARDED.			
Prefix Mr.	First Nar Albert	ne			liddle Name N/A	_
Last Name Miller			-	5	Suffix N/A	
. Title				c	. Telephone Number	(give area code)
Executive Director  1. Signature of Authorized Repre	sentative				559) 884-2308 Date Signed	
The state of the s		alben w	·M		3/3/08	Disable 5 404 / 5 0.0000
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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 3/6/08		Applicant Iden	tifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application	Pre-application			Custo / tppiloau	or identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGEN	CY Federal Identif	ier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION		<u> </u>			-
Legal Name:			Organizational	Unit:	
Westside Housing & Economic I	Network		Department: N/A		
Organizational DUNS:			Division:		
800557345			N/A		
Address:	RECE	11/11	Name and telep	hone number of per	rson to be contacted on matters
Street: 23018 S. Lake Ave.	ILUL	IVED	Prefix:	pplication (give are: First Name:	a code)
P.O. Box 188	I MAD =		Mr.	Albert	
City: Five Points	WAR L	2008	Middle Name N/A		_
County: Fresno	STATE CLEAR!	0.00	Last Name Miller		
State: California	Zip Code 93624	NG HOUSE	Suffix:		
Country:	33024	Tr. Filtranges	N/A Email:		
United States	N MIMPED /FAN		abmbirds@aol.c		To a Name of the second
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (	give area code)	Fax Number (give area code)
5 5 -0 7 9 9 4 6 8			(559) 884-2308		(559) 325-5730
8. TYPE OF APPLICATION:	<del></del>		7. TYPE OF APP	LICANT: (See back	of form for Application Types)
₽ New		n Revision	O. Not for Profit	Organization	
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)		
Other (energy)			O NAME OF FE	DERAL AGENCY:	
Other (specify)				partment of Agricultu	ıre
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLIC	CANT'S PROJECT:
		1 0 - 7 6 9	Family Resource	& Technology Center	er
TITLE (Name of Program):					
Rural Business Enterprise Grant	<u> </u>				
12. AREAS AFFECTED BY PRO					
Unincorporated area of Five Poil	nts, California, Fresno C	ounty			
13. PROPOSED PROJECT			14. CONGRESS	ONAL DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant Jim Costa		b. Project Jim Costa
7/1/2008	6/30/2009				REVIEW BY STATE EXECUTIVE
15. ESTIMATED FUNDING:			ORDER 12372 P		REVIEW BY STATE EXECUTIVE
a. Federal \$		0E 330 .	a Vac D' THIS	PREAPPLICATION	/APPLICATION WAS MADE
b. Applicant \$		85,330	AVA	LABLE TO THE STA CESS FOR REVIEW	ATE EXECUTIVE ORDER 12372
	<del> </del>	33,480			
c. State \$		, 00		E: 3/3/08	
d. Local \$		.**	b. No. 🗇 PRO	GRAM IS NOT COVI	ERED BY E. O. 12372
e. Other \$		9,300		PROGRAM HAS NOT REVIEW	F BEEN SELECTED BY STATE
f. Program Income \$			17. IS THE APPL	ICANT DELINQUE	T ON ANY FEDERAL DEBT?
g. TOTAL \$		128,110	CYes If "Yes" a	ttach an explanation.	. No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.		LICATION/PREA	PLICATION ARE T	RUE AND CORRECT. THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T	HE APPLICANT	AND THE APPLICA	NT WILL COMPLY WITH THE
a. Authorized Representative			1		
Prefix Mr.	First Name Albert			ddle Name I/A	
Last Name Miller				iffix 'A	
b. Title				Telephone Number (	give area code)
Executive Director d. Signature of Authorized Repres	sentative			59) 884-2308 Date Signed	* -
S. Signalars of Hallottzea Replet	albut a	J. M.	2,	29/08	

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APPLICATION FOR	_				Version 7/03	
FEDERAL ASSISTANC	E	2. DATE SUBMITTED	)	Applicant Ide	ntifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	A MILLOS I CARACINACIONACIONACIONACIONACIONACIONACIONA	State Applica	tion Identifier	
☐ Construction	Construction	4. DATE RECEIVED	BY FEDERAL AGENCY	Federal Ident	fier	
Non-Construction	Non-Construction					
<ol> <li>APPLICANT INFORMATION Legal Name:</li> </ol>	N	-	Organizational Uni	<del></del>		
Tule River Economic Developm	nert Cornoration		Department:			
Organizational DUNS:	nem corporation	-	N/A Division:			
828113860			Tule River Indian Re			
Address:	<u> </u>		Name and telephone number of person to be contacted on matters involving this application (give area code)			
2780 Yowlumne Ave., Suite A	REC	EIVED	Prefix: Mr.	First Name: Henry		
City: Porterville			Middle Name David			
County: Tulare	MAR 1	0 2008	Last Name Nenna			
State: California	Zip Code 93257STATE CLEA	Divid	Suffix: N/A			
Country: United States	OTATE OLLA	HING HOUSE	Email: hdnenna@tredc.org			
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	1	Phone Number (give		Fax Number (give area code)	
77-0262973	3		(559) 783-8408		(559) 783-8407	
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	ANT: (See bac	k of form for Application Types)	
₹ Ne		Revision	K. Indian Tribe			
f Revision, enter appropriate let See back of form for description			Other (specify)			
Other (specify)	_		9. NAME OF FEDER United States Depar		ure	
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE	TILE OF APPLI	CANT'S PROJECT:	
		1 0 - 7 6 9	Professional Print P	roduction & Mark	ceting Project	
TITLE (Name of Program):					***	
Rural Business Enterprise Gran  12. AREAS AFFECTED BY PR		States etc.):	-			
Porterville and Tule River India	N ST ST					
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:	
Start Date:	Ending Date:		a. Applicant Devin Nunes	•	b. Project Devin Nunes	
7/1/2008 15. ESTIMATED FUNDING:	6/30/2009			N SUBJECT TO	REVIEW BY STATE EXECUTIVE	
		- 00	ORDER 12372 PRO	CESS?		
a. Federal \$		249,800			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant 5		25,980		SS FOR REVIEW		
c. State \$		· uu	DATE: 3	3/3/08		
d. Local \$		.00	b. No. 🗇 PROGR	AM IS NOT COV	ÆRED BY E. O. 12372	
e. Other \$		99,000			T BEEN SELECTED BY STATE	
f. Program Income \$		.00	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		374,780	Yes If "Yes" attac	h an explanation	ı. 🖾 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	SOVERNING BODY O	PPLICATION/PREAPPL F THE APPLICANT AND	THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative			h grani	Nome		
Prefix Mr.	First Name Henry		Dave	Name		
Last Name Nenna			Suffix N/A			
. Title Chief Executive Officer	1 1/			ephone Number 783-8408	(give area code)	
Signature of Authorized Repre	esentative			e Signed		
Previous Edition Usable /						

APPLICATION FOR		2. DATE SUBMITTE	-n	Appliance Idea	Version 7/03		
FEDERAL ASSISTANCE	<b>.</b>	3/6/08		Applicant Ider	nutier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED	D BY STATE	State Applicat	ion Identifier		
Construction	Construction	4. DATE RECEIVE	BY FEDERAL AGENCY	Federal Identifier			
Non-Construction	Non-Construction		200				
5. APPLICANT INFORMATION Legal Name:			Organizational Un	t:			
Huron Enterprise Community			Department: N/A	×			
Organizational DUNS:	Organizational DUNS: RECEIVED			Division:			
611723227 Address:	111-0	nert 1 V August Augus	Community Facilities  Name and telephone number of person to be contacted on matters				
Street: 198 E. Elm Street, Suite 102	MAR 1	0 2008	involving this app	ring this application (give area code)			
190 E. Eilli Street, State 102	AL SAN	engenoone	Prefix: Mr.	First Name: Eduardo			
City: Coalinga	STATE CLE	ARING HOUSE	Middle Name N/A				
County: Fresno	1,501	,	Last Name Gonzalez				
State: California	Zip Code 93210		Suffix: N/A		1+1.		
Country: United States	-3014		Email:	intula are	-		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		egonzalez@westsie Phone Number (give		Fax Number (give area code)		
20-2137911	1		(559) 417-7383		(559) 325-5730		
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)		
✓ New		n Revision	O. Not for Profit Or	ganization			
If Revision, enter appropriate lette (See back of form for description			Other (specify)				
Other (specify)	Other (specify)  9. NAME OF FEDERAL AGENCY:						
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE	CE NIIMBER:	United States Depa		CANT'S PROJECT:		
I OATACOO OI TEDEIGLE	OMEONO ACCIONATO		l n:	Distance Learning & Education Facility Improvements			
TITLE (Name of Program): Rural Business Enterprise Grant		10-769					
Rural Business Enterprise Grant  12. AREAS AFFECTED BY PRO		s States etc.):					
Huron, California, Fresno Count		5, 010100, 010./.					
13, PROPOSED PROJECT			14. CONGRESSION	IAL DISTRICTS	OF:		
Start Date:	Ending Date: 6/30/2009		a. Applicant Jim Costa		b. Project Jim Costa		
7/1/2008 15. ESTIMATED FUNDING:	0/30/2009		16. IS APPLICATIO		REVIEW BY STATE EXECUTIVE		
a. Federal \$		- 00	ORDER 12372 PRO		NAPPLICATION WAS MADE		
		47,360	a. res. IZ. AVAILA	BLE TO THE ST	ATE EXECUTIVE ORDER 12372		
b. Applicant \$		21,760		SS FOR REVIEV	VON		
c. State \$			DATE:	3/3/08			
d. Local \$		. 00	b. No. T PROGR	AM IS NOT COV	ERED BY E. O. 12372		
e. Other \$		2,400	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income \$		.00			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		71,520	Yes If "Yes" atta	h an explanation	. 🗓 No		
18. TO THE BEST OF MY KNOW	WLEDGE AND BELIEF,	ALL DATA IN THIS	APPLICATION/PREAPPL OF THE APPLICANT AN	ICATION ARE TO THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE		
ATTACHED ASSURANCES IF T							
a. Authorized Representative Prefix Mr.	First Name Eduardo	<del></del>	Midd N/A	e Name	<del></del>		
Last Name Gonzalez			Suffix N/A				
b. Title			c. Te	ephone Number	(give area code)		
d. Signature of Authorized Repres	seritative		e. Da	(559) 417-7383 e. Date Signed			
Previous Edition Usable	1	· · · · · · · · · · · · · · · · · · ·	2/28	08	Standard Form 424 (Rev.9-2003)		
Authorized for Local Reproduction	1	<b>⊒</b> .			Prescribed by OMB Circular A-102		

APPLICATION FOR FEDERAL ASSISTANCE			2. DATE SUBMITTED	·	Applicant Idea	Version 7/03	
	•		3/6/08	CTATE		• Processors is supported and	
1, TYPE OF SUBMISSION: Application	Pre-application	ľ	3. DATE RECEIVED BY	SIAIE	State Applica	don Identifier	
Construction	☐ Construction	on	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier	
Non-Construction	Non-Constr	uction	<u> </u>				
5. APPLICANT INFORMATION Legal Name:				Organizational Un	it:		
Coalinga Enterprise Community	ı,			Department: N/A			
Organizational DUNS: 611723227	- 4	Z-E-STREET, STREET, ST		Division:			
611/2322/ Address:		R	FCFIVED	N/A Name and telephone number of person to be contacted on matters			
Street: 198 E. Elm Street, Suite 102	et:			involving this app	lication (give are	ea code)	
		N	MAR 1 0 2008	Prefix: Ms.	First Name: Gloria		
City: Coalinga				Middle Name N/A			
County: Fresno		STATI	E CLEARING HOUSE	Last Name Calderon			
State: California	Zip Code 93210			Suffix:	<del></del>		
Country:	93210			N/A Email:			
United States  6. EMPLOYER IDENTIFICATION	N NIIMBED (EII	v/)-		gloriacalderon@wl Phone Number (give		Fax Number (give area code)	
	_	<b>v</b> ).		(559) 935-3554	s area code)	(559) 325-5730	
2 0 - 2 5 3 7 1 3 9 8. TYPE OF APPLICATION:	j		<u> </u>	•	CANT: (See hac	k of form for Application Types)	
V New	Cont	inuatior	Revision	O. Not for Profit O		No Home of Application Types)	
If Revision, enter appropriate letter (See back of form for description	er(s) in box(es)			Other (specify)	ganization		
(See back of form for description				Outer (Specify)			
Other (specify)				9. NAME OF FEDE United States Depart		ure	
10. CATALOG OF FEDERAL	OMESTIC ASS	STANC	E NUMBER:			CANT'S PROJECT:	
			1 0 - 7 6 9	Catering Training 8	Operations		
TITLE (Name of Program): Rural Business Enterprise Grant	s (RBEG)						
12. AREAS AFFECTED BY PRO	(017) 24 A	Counties,	States, etc.):				
Coalinga, Fresno County, Califo	mia						
13. PROPOSED PROJECT				14. CONGRESSIO	NAL DISTRICTS		
Start Date: 7/1/2008	Ending Date: 6/30/2009			a. Applicant Jim Costa		b. Project Jim Costa	
15. ESTIMATED FUNDING:			### C # 10 mm	16. IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE	
a. Federal \$	•	_	66.158	THIS P	REAPPLICATION	MAPPLICATION WAS MADE	
b. Applicant \$			- 00	AVAIL	IBLE TO THE STA ESS FOR REVIEV	ATE EXECUTIVE ORDER 12372	
			9,060	DATE:			
0. 0.2.0			, 00	***************************************			
d. Local \$			•	b. No. 🗖 PROGE	RAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$		_	24.050	OR PR		T BEEN SELECTED BY STATE	
f. Program Income \$	V&		- 00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$			00	Yes If "Yes" atta	-hl	. <b>V</b> No	
18. TO THE BEST OF MY KNOW	WI EDGE AND I	SEI IEE	99,268				
DOCUMENT HAS BEEN DULY	<b>AUTHORIZED B</b>	Y THE	SOVERNING BODY OF T	HE APPLICANT AN	D THE APPLICA	NT WILL COMPLY WITH THE	
a. Authorized Representative	HE ASSISTANC	E IS AV	VARDED.	727,0006			
Prefix Ms.	First Name Gloria			Midd N/A	te Name		
Last Name	u mai Tati i TT		* * *	Suffi			
Calderon b. Title	water a second			N/A c. Te	lephone Number	(give area code)	
President d. Signature of Authorized Repres	Contative /			(559	) 935-3554 ite Signed	-	
Low	al de/	<u>on</u>	7	2/29	/08		
Previous Edition Usable Authorized for Local Reproduction	1					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

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Application for	Application for Federal Assistance SF-424 Version 02								
* 1. Type of Submis	ssion:		ì	* If F	Revision, sel	ect appropria	ate letter(s):		
Preapplication		✓ Nev				<del></del> _			
✓ Application			ntinuation	* Ot	ther (Specify)				
Changed/Correc	ted Application	Rev	rision						
* 3. Date Received:		_	licant Identifier:						
Completed by Grants.go	v upon submission.	Coral F	Reef Alliance	_		(n)		RECEIVED	
5a. Federal Entity Id	dentifier:			*	5b. Federal	Award Iden	tifier: —————	MAR 1 0 2008	
								MAR 2 0 2000	
State Use Only:								STATE CLEARING HOUS	F
6. Date Received by	y State:		7. State Application	ı Ide	entifier:				
8. APPLICANT INF	ORMATION:								
* a. Legal Name:	Coral Reef Alliance								
* b. Employer/Taxpa	yer Identification N	umber (E	EIN/TIN):	*	c. Organiza	tional DUN	S:		
94-3211245			9	28418987					
d. Address:					er annam na mh				
* Street1:	351 California Str	eet, Suit	e 650			<del>-</del>			
Street2:									
* City:	San Francisco								
County:	San Francisco								
* State:					CA: C	California			
Province:									
* Country:			Ĺ	JSA:	: UNITED ST	ATES			
* Zip / Postal Code:	94104								
e. Organizational l	Jnit:								
Department Name:				D	ivision Name	e:			
f. Name and contact information of person to be contacted on matters involving this application:									
Prefix:			* First Name	e: [	Rick				
Middle Name:									
* Last Name: Mac	Pherson					31			
Suffix:									
Title: Program Dire	Title: Program Director								
Organizational Affilia	tion:								
			VIII.						
* Telephone Number	: 415-834-0900 ex	ct. 302			Fa	x Number:	415-834-09	99	
* Email: rmacpherson@coral.org									

Application	for Federal Ass	istance SF-424		Version 02		
16. Congression	onal Districts Of:					
* a. Applicant	8		* b. Program/Project	2		
Attach an addit	ional list of Program/P	roject Congressional Districts if r	needed.			
		Add Attachment	re. Charica e 1 12 . in a 11			
17. Proposed	Project:					
* a. Start Date:	07/01/2008		* b. End Date:	06/30/2009		
18. Estimated	Funding (\$):					
* a. Federal		39,606.00				
* b. Applicant		39,606.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other		0.00				
* f. Program In	come	0.00				
* g. TOTAL		79,212.00				
c. Program i  * 20. Is the Ap  Yes  21. *By signing herein are true comply with a may subject m  ** I AGREE  ** The list of ce specific instruct	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)					
Authorized Re	presentative:					
Prefix:		* First Name:	Rick			
Middle Name:						
* Last Name:	MacPherson					
Suffix:						
* Title: Progra	am Director					
* Telephone Nur	mber: 415-834-0900	ext. 302	Fax Number: 415-834-099	9		
* Email: rmad	cpherson@coral.org					
* Signature of A	uthorized Representati	ve: Completed by Grants.gov upon s	submission. * Date Signed: Completed	by Grants.gov upon submission.		

*							OMB Approval No. 0348-0043	
APPLICATION FO		 E		2. DATE SUBMITTED	10	Ард	olicant Identifier	
1. TYPE OF SUBMISSION  Application  Construction  Non-Construction		Preapplication  ☐ Construction ☐ Non-Construction		3. DATE RECEIVED B	SY STATE	Stat	te Application Identifier	
9 88 3	15			4. DATE RECEIVED B	Y FEDERAL	AGENCY Fed	eral Identifier	
5. APPLICANT INFORMA Legal Name	TION			Organizational Unit:				
	etropoli	itan Transportation Au	thority	Long Range P	lanning &	& Programm	ning	
Address (give city, state, and zip code):				Name and telephone nur area code)	mber of the pe	erson to be contact	ed on matters involving this application (give	
One Gateway Plaza Los Angeles, California 90012-2952				Kathy Banh (213) 922-7635				
6. EMPLOYER IDENTIFIC 95 - 44 0 19	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	propriate letter in b	oox) N		
8. TYPE OF APPLICATION  New Continuity  If Revision, enter appropriate	uation [	☑ Revision – A (Increase	of Award)	A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization				
,	ecrease .	Award C Increase Dura	tion	G Special District	2.5			
D Deciense Danation Of	ист (эрес	7.50		State Chartered Transit District  9. NAME OF FEDERAL AGENCY:				
		20 500	1	Federal Trans			CT.	
10. CATALOG OF FEDERAL DOMESTIC 2 0 - 5 00 ASSISTANCE NUMBER TITLE 49 U.S.C. § 5309				Fiscal Year 2007 Fixed Guideway, CA-05-0212-01				
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, states,	etc.)	1				
County of Los	Angel	es, CA						
13. PROPOSED PROJECT		14. CONGRESSIONAL I	DISTRICTS OF	1				
Start Date		Ending Date a.	Applicant		\$1,000,000 Telescope 20,7 years on 10	b. Project		
07/01/2006		6/30/2008	Districts 24 thr	ough 39, and 41	<u> </u>	Same as A	pplicant	
15. ESTIMATED FUNDING		10 =0 / 0 / 0 0	7				RDER 12272 PROCESS?	
a Federal	\$	48,794,910.00	The second secon	REAPPLICATION APPL 372 PROCESS FOR REV		'AS MADE AVAI	LABLE TO THE STATE EXECUTIVE	
			DATE1/1	1/08				
			b NO PRO	OGRAM IS NOT COVERED BY E O 12372				
				PROGRAM HAS NOT B	EEN SELEC	TED BY STATE E	OR*R# <del>V</del> *##W	
b Applicant	\$	.00		ROGRAM HAS NOT B	EEN BEBEC	LED DI GIRILI		
c State	\$	.00					RECEIVED	
1	\$	12,198,728.00					MAR 1 0 2008	
	<u>\$</u> \$	.00	17 IS THE APPLIC	ANT DELINQUENT ON	LANV FEDE	PAL DERT?	141711 1 0 2000	
1 Trogram filcome	Φ	.00		es" attach an explanation			STATE CLEARING HOUSE	
g TOTAL	\$	60,993,638.00						
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A	WLEDGE PPLICAN	AND BELIEF, ALL DATA IN T AND THE APPLICANT WI	THIS APPLICATION PI LL COMPLY WITH THE	REAPPLICATION ARE TRU ATTACHED ASSURANCES	JE AND CORR S IF THE ASSI	ECT. THE DOCUM STANCE IS AWARI	ENT HAS BEEN DULY AUTHORIZED BY THE DED	
a Typed Name of Authorized	Represe	ntative		_	b Title		c Telephone number	
Glady's Lowe Right of Action Representative					Director, Re Managemen	gional Program t	(213) 922-2459	
d. Signature of Authorized R	epresent	ative			e. Date Signe	10	1110 200	
						3/	DI MAS	
Previous Editions Not Usable								

MAR 0 3 200<sub>0</sub>

Application for F	ederal Assis	stance SF-424		Version 02		
* 1. Type of Submission	on:	* 2. Type of Application:	* If Revision, select appropriate letter(s):			
Preapplication		XNew				
XX Application		Continuation	* Other (Specify)			
Changed/Corrected	d Application	Revision				
* 3. Date Received:		Applicant Identifier:	(*************************************			
Completed by Grants.gov u	pon submission.		g			
5a. Federal Entity Ider	ntifier:		* 5b. Federal Award Identifier:			
N/A	749,000 S.C. W. C.		N/A			
State Use Only:			9			
6. Date Received by S	state:	7. State Applicatio	n Identifier:			
8. APPLICANT INFO	RMATION:					
* a. Legal Name: 0	akdale Ir	rigation Distric	t Improvement Distr	rict 52		
* b. Employer/Taxpaye	r Identification N	umber (EIN/TIN):	* c. Organizational DUNS:			
: 94-60034	64		009635202			
d. Address:	7 191 A.T. Y 191404184		33.7.7.8.9.9.9.9.9.7.3.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Otto		
* Street1:	1205 E	ast F Street		RECEIVED		
Street2:				TILUEIVED		
* City:	0akda1	е		MAR 1 0 2008		
County:	Stanis	laus				
* State:	Califo			STATE CLEARING HOUSE		
Province:		£				
* Country:		- 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13	USA: UNITED STATES			
* Zip / Postal Code:	95361					
e. Organizational Un	it:					
Department Name:			Division Name:			
US Dept Ag	<u></u>		Rural Developement			
f. Name and contact	information of	person to be contacted on	matters involving this applicati	ion:		
Prefix:		* First Nan	ne: Kathy			
Middle Name:						
* Last Name: Co	ook					
Suffix:						
Title: Chie:	f Financia	al Officer/Treasu	Jrer			
Organizational Affiliation	on:					
N/A						
* Telephone Number:	(209)847-	-0341 ext. 201	Fax Number:	209) 847-9455		
* Email: kcook@	5500	rigation.com	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
State of California Special District Improvement District Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
NGMS Agency	
11. Catalog of Federal Domestic Assistance Number:  10–760  CFDA Title:	
Water and Waste Water Programs	
* 12. Funding Opportunity Number:  MBL-SF424FAMILY-ALLFORMS	
* Title:	
MBL-SF424Family-AllForms	
13. Competition Identification Number:	
N/A	
Title:	
East Oakdale, CDP Stanislaus County, California	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Improvement District 52 Water Distribution System Replacement Project	
* 15. Descriptive Title of Applicant's Project:	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

## MAR 0 3 2008

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for	Federal Assistan	ice SF-424	Version 02				
16. Congressional D	istricts Of:						
* a. Applicant	19		* b. Program/Project 19				
Attach an additional I	ist of Program/Project	Congressional Districts if ne	eeded.				
		Add Attachment Delet	le Attachment View Attachment				
17. Proposed Project	:t:						
* a. Start Date: 4	* a. Start Date: 4/01/08						
18. Estimated Fundi	ng (\$):						
* a. Federal	\$475,000						
* b. Applicant							
* c. State							
* d. Local							
* e. Other	\$475,000						
* f. Program Income							
* g. TOTAL	\$950,000						
a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes No Explanation  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  X ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Represe	THE CONTRACT OF THE CONTRACT O	* Eight Name:					
Prefix: Middle Name:		* First Name:	Steve				
	Knell	7					
Suffix:							
* Title: Gener	ral Manager/	Secretary					
* Telephone Number:	(209) 847-	0341 ext. 208	Fax Number: (209) 847-9455				
* Email: srkr	nell@oakdale:	irrigation.com					
* Signature of Authoriz	ed Representative:	Completed by Grants.gov upon su	ubmission. * Date Signed: Completed by Grants.gov upon submission.				

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2/28/08 Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANC	E	2. DATE SUBMITTED		Applicant Ide	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	ition Identifier	
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Ident	tifier	
Non-Construction	Non-Construction	×				
5. APPLICANT INFORMATION Legal Name:	N		Organizationa	I Unit:		
Progress House, Inc.			Department:			
Organizational DUNS:			Division:			
Address:					erson to be contacted on matters	
Street: PO Box 1666			Prefix:	application (give are First Name:	ea code)	
City: Placerville			Middle Name	Tom		
County:			Last Name Avey		-	
El Dorado State: California	Zip Code	<del></del>	Suffix:			
Country:	95667		Email:			
USA 6. EMPLOYER IDENTIFICATION	ON NUMBER (FINI)		avey@usa.con Phone Number		Fax Number (give area code)	
9 4 - 2 5 3 5 8 2 0			530-626-9240	(give area code)	Tax Hamber (give area code)	
8. TYPE OF APPLICATION:			CONTROL OF CLIEBE PARTIES	PPLICANT: (See bad	ck of form for Application Types)	
Z Ne	w Continuation	n Revision	Nonprofit corpo		Fr	
If Revision, enter appropriate let (See back of form for description			Other (specify)	iddoli		
Other (specify)			9. NAME OF FI	EDERAL AGENCY:		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:		and the second second	ICANT'S PROJECT:	
		1 0-7 6 6	Corporate Office	e / Counseling Cente	er	
TITLE (Name of Program):						
12. AREAS AFFECTED BY PR	ROJECT (Cities, Counties	s, States, etc.):	ı			
El Dorado County, California						
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	OF: b. Project	
05/01/2008	05/01/2038		4		4	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 I		REVIEW BY STATE EXECUTIVE	
a. Federal \$		850,000			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant	CEIVED	.00		OCESS FOR REVIE		
c. State \$	2000	.00	DA.	TE:		
d. Local	AR 1 2 2008	00	b. No. 🔲 PR	OGRAM IS NOT CO	VERED BY E. O. 12372	
e. Other \$	CLEARING HOUS	E .00	OR		OT BEEN SELECTED BY STATE	
f. Program Income	GLEATING TO			REVIEW P <mark>licant delin</mark> que	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$	-	850,000 ·	☐ Yes If "Yes"	attach an explanation	n. 🗵 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	, ALL DATA IN THIS AP GOVERNING BODY OF				
a. Authorized Representative Prefix	First Name		A	Middle Name		
Last Name	John	1		Suffix		
Weidemaier b. Title				×	(alive area and a)	
Loan Officer				. Telephone Number 530-741-2227_	(give area code)	
d. Signature of Authorized Repre	esenfative			. Date Signed 03/04/2008		
Previous Edition Usable Authorized for Local Reproduction			<u> </u>		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Version 7/03

03/12/2008 00:03 7609567979

PAGE 02/05

Application for	Application for Federal Assistance SF-424						Version 02
* 1. Type of Submis	* 1. Type of Submission: *2. Type of Application: *1			* If Revi	sion, select appropria	ite letter(s):	
Preapplication				;			
Application		Con	linuation	* Other (	(Specify)		
Changed/Correct	ted Application	∏ Rev	ision				
* 3. Date Received:		4. Appl	icant identifier:				
Completed by Grents.gov	v upon submission.					Augus 1975 No. No. Story Comments	9
5a. Federal Entity Id	lentifier:			* 6b.	Federal Award iden	tifier:	
	~						DECEIVED
State Use Only:			<b>V</b>				TILOLIVED
8. Date Received by	/ State:		7. State Application	Identifi	er:		MAR 1 2 - 2008
8. APPLICANT INFO	ORMATION:						STATE CLEARING HOUSE
*a, Legal Name:	lesperia Unified Sc	hool Dist	rict				
* b. Employer/Taxpa	yer Identification N	umber (E	IN/TIN):	* c. C	Organizational DUN	S:	
93-0944528			manus manus mah amba manus sa 1 na 2 n	0844	46202		
d. Address:		9					
- Street1:	15576 Main Stree	et .	.,				
Street2:			and the state of t		20,11, 1,15,1, y,110,111,111,111,111,111,111,111,111,11		
* City:	Незрегіа						
County:	San Bernardino						
* State:					CA: California		
Province:	L		An and the second			ī	
* Country:			Ų	SA: UN	ITED STATES		
* Zip / Postal Code:	92345-3643					* 100 10 Trib. 1001	
e. Organizational t	Jnit:		*	,	* •		
Department Name:				Division Name;			
District Office				Stude	ent Services		
f. Name and contac	ot Information of p	oerson t	be contacted on n	atters	involving this app	lication:	
Prefix: Ms.			* First Name	e: Jea	inne		
Middle Name: D							
* Last Name: Mars	sh						
Suffix:				A CITY ALL DALID A	TO SEED TO SEE THE SEE SEE SEE SEE SEE SEE SEE SEE	A CALL OF SAME AND SA	m 1889 - martina far Arizana er en martina a martina er martina er en
Title: Grant Coordin	Title: Grant Coordinator						
Organizational Affilia	tion:	ĸ.				-	
Hasperia Unified School District							
* Telephone Number	760.887.1000	~~			Fax Number;	760.956.7979	
* Email: Jeanne.M	larsh@hesperia.org	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	and American as a "CAC" and the American Company of th		Harda Terrora San		
					1.4.4.4		

03/12/2008 00:03

7609567979

PAGE 03/05

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: 8e/ect Applicant Type:	
G: Independent School District	
Type of Applicant 2: Select Applicant Type:	
	mantan in casta w
Type of Applicant 3: Select Applicant Type:	
	<u>,</u> ;
**Other (specify):	
▼ 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84.184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-012408-001	
* Title:	ŀ
Safe Schools/Healthy Students Program CFDA 84.184L	
13. Competition Identification Number:	
84-184L2008-1	
Title:	
//	
	) }
	;
14. Areas Affected by Project (Cities, Counties, States, etc.):	
The City of Hespena, within the County of San Bernardino, within the State of California	
* 16. Descriptive Title of Applicant's Project;	Ì
Hesperia Safe Schools	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assista	nce SF-424			Version 02	
16. Congressio	onal Districts Of:					
* a. Applicant	41		* b. Program/Project	41		
Attach an additi	ional list of Program/Projec	t Congressional Districts if ne	eded.			
		Add Affachment				
17. Proposed I	Project:	1 - 1				
* a. Start Date:	07/01/2008		* b. End Date:	07/01/2012		
18, Estimated	Funding (\$):					
* a. Federal		1,500,000,00				
* b. Applicant		0.00	,			
* c, State		0.00				
* d. Local	4 A 1 Y 1 P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.00				
* e. Other	The second secon	0.00				
* f. Program Inc	come	0.00				
" g. TOTAL		1,600,000.00				
a. This application was made available to the State under the Executive Order 12372 Process for review on 03/12/3008 b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes  No  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.						
Authorized Re	(4. 414.1) ton (1.4.4.1)				——————————————————————————————————————	
Prefix:	Ms.	* First Name:	Jeanne	11 100		
Middle Name:	D			10 . • 110 evolutions (110 common telemon (2 to 5 to 110 company ) and a / A <sup>(1</sup> / <sub>2</sub> but the second may		
* Last Name;	Marsh	<del></del>	and the second s			
Suffix:						
* Title: Grant	Coordinator		and the state of t			
* Telephone Nur	mber: (760) 887-1000	- A	Fax Number: (760) 956-79	)79		
" Email: Jear	пе.Магаћ@ћезрела.огд					
* Signature of A	uthorized Representative:	Completed by Grants.gov upon su	bmission. "Date Signed; Complete	1 by Grants,gov upon submission.		

Application for Federal Assis	-tanco SE-474			Version 02
			and the same of th	V 013/011 02
* 1. Type of Submission:  Preapplication	* 2. Type of Application:  New	*If Revision, select appropriate lette	RECEIVED	
Application	☐ Continuation	* Other (Specify)	1	
Changed/Corrected Application	Revision	1	MAR 1 2 2008	
* 3. Date Received:	Applicant Identifier:	1	· · · · · · · · · · · · · · · · · · ·	
Completed by Grants gov upon submission.	R9 Tracking #:08-005		STATE CLEARING HOUSE	
5a. Federal Entity Identifier:	No manage	" 5b. Federal Award Identifier:	Company Company of the Company of th	
	ž ž		÷	
State Use Only:	)		<u> </u>	
6. Date Received by State:	7. State Application	n Identifier:		
8. APPLICANT INFORMATION:	<u> </u>			
* a. Legal Name: ¡City of Whittier	t morning to state and statement of the	· · · · · · · · · · · · · · · · · · ·	o <b>s</b> on	· ·
b, Employer/Taxpayer Identification N		*c. Organizational DUNS:		
95-6000812	dingal (E114) [114).	07-724-2279		
d. Address:				
* Street1: 13230 Penn	Straat		W 10	
Street2:	Street		*	
	11111 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		
County:				
* State: California	2. ** ***			İ
Province:				
* Country: United States	of America	***		
* Zip / Postal Code: 190602				*
e. Organizational Unit:				
Department Name:		Division Name:		
Public Works		Water		
f. Name and contact information of	person to be contacted on	matters involving this applicatio	n:	
Prefix: Mr.	* First Nam	ne: David		
Middle Name:		1		
Last Name:  Pelser			1 1 mm - m 1 mm	
Suffix:				
Title: Director of Public Works	š			
Organizational Affliation:				
		3	444-364-9	
*Telephona Number: (562) 464-3	510	Fax Number: (562	2) 464-3588	. 1
'Email: dpelser@cityofwhittier	org		n.	

Application for Federal Assistance SF-424		Version 02
9. Type of Applicant 1: Select Applicant Type:		
C. City or Township Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3; Select Applicant Type;		,
* Other (specify):		
7 10. Name of Federal Agency:		
U.S. Envronmental Protection Agency		
11, Catalog of Federal Domestic Assistance Number: 66.802 CFDA Tille:		
Superfund State, Political Subdivision, Indian Tribe Site	e Specific Cooperative Agreem	ients
* 12. Funding Opportunity Number:  N/A  - Title;		
N/A		<u> </u>
13. Competition Identification Number:		
N/A		
Title:		
		,
14 Assan Affacted by Project (Cities Counties States etc.)	1 1007	i
14. Areas Affected by Project (Cities, Counties, States, etc.):		
·City of Whittier, CA (Los Angeles County) Central Wate	er Basin	
* 15. Descriptive Title of Applicant's Project:	******	
Whittier Narrows Groundwater Contamination Superfur	nd Site	
Attach supporting documents as specified in agency instructions.	<u>,,,                                  </u>	
Add Attachments Delete Attachments View Attachments		

......

OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
a. Applicant 42nd, 28th, 38th	
Attach an additional list of Program/Project Congressional Districts if needed.	
Add Attachment	
17. Proposed Project:	
a. Start Date:  4/1/08	
18. Estimated Funding (\$):	
* a. Federal \$3,914,682.00	
* b. Applicant	
*c, State	
* d. Local	
e. Other	
7. Program Income \$232.346.00	
^g. TOTAL \$4,147.028.00	
* 19. ls Application Subject to Review By State Under Executive Order 12372 Process?	
3/12/08 : This application was made available to the State under the Executive Order 12372 Process for review on 3/12/08	
D b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
□ c, Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)	
☐ Yes       No	
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
☑ "I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr. First Name: David	i
Middle Name: A.	
*Last Name: Pelser	
Suffix;	
*Title: Director of Public Works	
*Telephone Number:   562-464-3510 Fax Number:   562-464-3588	1 . 10 (0.1)
^ Email:  dpslser@cityofwhittier.org	
* Signature of Authorized Representative: / Ezg. / All Date Signed: 3/,2/58	****
Authorized for Level Day of wilder	

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE		2. DATE SUBMITTED	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:			STATE	State Application Identifier		
Application  Construction	Pre-application  Construction	4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identifi	er	
Non-Construction	Non-Construction	n	*			
5. APPLICANT INFORMATION Legal Name:			Organizational U	_:4.		
COUNTY OF PLACER, CSA 28	ZONE 6 SHEDIDA	N	Department:			
Organizational DUNS:	, ZONE 6 - SHERIDA	IV	Division:	FACILITY SERVI	CES	
22-3582360	Б		ENVIRONMENTA			
Address: Street:		ECEIVED		one number of per olication (give area	rson to be contacted on matters a code)	
11476 C AVENUE	N	IAR 1 3 2008	Prefix:	First Name: KATHY		
City: AUBURN			Middle Name			
County: PLACER	STATE	CLEARING HOUSE	Last Name KANE			
State: CA	Zip Code 95603	The state of the s	Suffix:			
Country: USA			Email: kkane@placer.ca	gov		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (gi		Fax Number (give area code)	
22-6000527			530-886-4909		530-889-6809	
8. TYPE OF APPLICATION:			7. TYPE OF APPL	ICANT: (See back	of form for Application Types)	
√ New If Revision, enter appropriate letter    Page 1	v	tion F Revision	G- SPECIAL DIST	RICT	E	
(See back of form for description			Other (specify)			
Other (specify)		_	9. NAME OF FED UNITED STATES	ERAL AGENCY: DEPARTMENT OF	AGRICULTURE	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVI	TITLE OF APPLI	CANT'S PROJECT:	
		1 0-7 6 0	SHERIDAN SPRA	AY IRRIGATION EX	(PANSION PROJECT	
TITLE (Name of Program): WATER AND WASTE DISPOSA	AL SYSTEMS FOR R	URAL COMMUNITIES				
12. AREAS AFFECTED BY PR						
UNINCORPORATED PLACER	COUNTY, COMMUN	ITY OF SHERIDAN			,	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	ONAL DISTRICTS	oF: b. Project	
5/1/2008	12/31/2009		4	ION OUR IFOT TO	A CHARLES EXECUTIVE	
15. ESTIMATED FUNDING:			ORDER 12372 PF	OCESS?	REVIEW BY STATE EXECUTIVE	
a. Federal \$ USDA RUS GRANT		1,000,000	2 YAC W		N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant In Kind/General Fund Loan		333,000		CESS FOR REVIEW		
c. State \$		.00	DATE	3/11/200	8	
d. Local \$		. 00	b. No. PRO	GRAM IS NOT COV	/ERED BY E. O. 12372	
e. Other \$		. au	ORP		OT BEEN SELECTED BY STATE	
f. Program Income \$		. 00		REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		1,333,000	☐ Yes If "Yes" a	ttach an explanation	n. 😢 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY T</b>	IEF, ALL DATA IN THIS AF HE GOVERNING BODY OF	PPLICATION/PREAF THE APPLICANT	PPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE	
a. Authorized Representative			in a:	dalla Nama		
Prefix	First Name WILLIAM			ddle Name		
Last Name DICKINSON				ıffix		
b. Title DEPUTY DIRECTOR			c. Telephone Number (give area code) 530-886-4980		(give area code)	
d. Signature of Authorized Repre	esentative, A.s.	Vailaine	e. N	Date Signed IARCH 10, 2008		
Previous Edition Usable Authorized for Local Reproduction	on		E Carriero		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

**p . 2** OMB Number: 4040-0004

Expiration Date: 01/31/2009

Application for Federal Assist	ance SF-424		Version 02			
* 1. Type of Submission:  Preapplication  ✓ Application  Changed/Corrected Application	* 2. Type of Application:  New  Continuation  Revision	* If Revision, select appropriate  * Other (Specify)	letter(s):			
	4 Applicant Identifies:					
Completed by Grants.gov upon submission. * 3. Date Received;	Applicant Identifier:	_				
5a. Federal Entity Identifier:		* 5b. Federal Award !dentifi	er:			
State Use Only:						
6. Date Received by State:	7. State Application	Identifier:				
8. APPLICANT INFORMATION:						
* a. Legal Name: Tulare County Office	of Education					
* b. Employer/Taxpayer Identification Nu	imber (EIN/TIN):	*c. Organizational DUNS:				
942191905	¥	184031110				
d. Address:						
* Street1: 7000 Doe Avenue	e, Building 300					
Street2:			DEOENER			
* City: Visalia			RECEIVED			
County:			MAR 1 3 2008			
* State:		CA: California				
Province:			STATE CLEARING HOUSE			
* Country: USA: UNITED STATES						
* Zip / Poslal Code: 93291						
e. Organizational Unit:						
Department Name:		Division Name:				
CHOICES		Instructional Services	•			
f. Name and contact information of p	person to be contacted on ma	atters involving this applica	tion:			
Prefix: Mr.	* First Name	e: Tom				
Middle Name:						
* Last Name: Byars						
Suffix:						
Title: Tulare County Office of Education	n CHOICES Program Manager					
Organizational Affiliation:						
Tulare County Office of Education						
* Telephone Number: 559-651-0155		Fax Number:	559-651-0172			
* Email: tbyars@tcoe.org						

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
G: Independent School District	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Department of Education	
11. Catalog of Federal Domestic Assistance Number:	
84.184	
CFDA Title:	
Safe and Drug-Free Schools and Communities_National Programs	
* 12. Funding Opportunity Number:	
ED-GRANTS-012408-001	
* Title:	
Safe Schools/Healthy Students Program CFDA 84.184L	
13. Competition Identification Number:	
84-184L2008-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	-
Visalia, Woodlake, Dinuba all in Tulare County.	
Tiodina, Troopioto, Singua di in Tulato Odusty.	
* 15. Descriptive Title of Applicant's Project:	
Smart Choices Program (SCP)	
Attach supporting documents as specified in agency instructions.	
Add Aftachments Delete Attachments View Attachments	

Initial:

Tom Byars, Program Manager

OMB Number: 4040-0004 Expiration Date: 01/31/2009

Application for Federal Assistance SF	-424	Version 02
16. Congressional Districts Of:		
* a. Applicant CA-021	* b. Program/Project	CA-021
Attach an additional list of Program/Project Congre	essional Districts if needed.	
	d Attachment - Peistr Afronesed Sections of the contract -	
17. Proposed Project:		
* a. Start Date: 08/01/2008	⁴b. End Date:	07/31/2012
18. Estimated Funding (\$):		
* a. Federal	9,000,000,00	
* b. Applicant	0.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
₹g. TOTAL	9,000,000.00	
* 19. Is Application Subject to Review By Stat	e Under Executive Order 12372 Process?	
	tate under the Executive Order 12372 Process for review on	03/14/2008 .
b. Program is subject to E.O. 12372 but has no	t been selected by the State for review.	
c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Fede	eral Debt? (If "Yes", provide explanation.)	
Yes V No Earth of	, , , , ,	
herein are true, complete and accurate to t comply with any resulting terms if I accept an subject me to criminal, civil, or administrative ** I AGREE	o the statements contained in the list of certifications** he best of my knowledge. I also provide the required award. I am aware that any false, fictitious, or fraudulen e penalties. (U.S. Code, Title 218, Section 1001)  In internet site where you may obtain this list, is contained in	assurances** and agree to t statements or claims may
Authorized Representative:		
Prefix: Mr.	* First Name: Jim	····
Middle Name:	Tilbertaine. Till	
* Last Name: Vidak		
Suffix:		
* Title: Superintendent of Schools		
* Telephone Number: 559-733-6301	Fax Number: 559-737-43	78
*Email: jimv@tcoe.org		
* Signature of Authorized Representative: Com	oleted by Grants.gov upon submission. * Date Signed: Complete	ed by Grants.gov upon submission,
Authorized for Local Reproduction  Jim Vidak, Superintendent of Schools	3-11-08 Date	Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

3-//-0% Date

PAGE 01/04

Application for Fe	deral Assis	stance SF-424		V	ersion 02		
* 1. Type of Submission	:	*2, Type of Application:	If Revision, select appropriate letter(s):				
Preapplication		✓ New					
✓ Application		Continuation	* Other (Specify)				
Changed/Corrected A	Application	Revision					
~ 3. Data Received:		4. Applicant Identifier:		-0/ED	1		
Completed by Granta gov upo	en submission,			RECEIVED			
5a. Federal Entity Identi	fler;		* 5b, Federal Award Identifier:	MAR 1 4 2008			
State Use Only:				STATE CLEARING HOUS			
6, Date Received by Sta	110:	7. State Application	on Identifier:				
8. APPLICANT INFORM	MATION:	•					
* a. Legal Name: Rege	ents of the Unive	ersity of California					
- b, Employer/Texpayer	Identification N	lumber (EIN/TIN):	* c. Organizational DUNS;				
946036494	,	1100 ONE STITUTE STATE OF THE S	047120084				
d. Address:							
• Street1; 18	50 Research P	ark Drive					
Street2: Su	ıite 300			100 100 0000000000000000000000000000000			
" City:	* City: Davis						
County:	County:						
* State: CA: California							
Province:	Province:						
* Country: USA: UNITED STATES							
* Zip / Postal Code: 95618							
e, Organizational Unit	;						
Department Name:			Division Name:				
Sponsored Programs	(1)		Office of Research				
f. Name and contact in	nformation of	person to be contacted on	matters involving this application:				
Prefix;		First Nan	ne: Keliy	, n , , , , , , , , , , , , , , , , , ,			
Middle Name:							
* Last Name: Parker		<del></del>					
Suffix:				A STATE OF THE PARTY OF THE PAR			
Title: Contracts and Gr	rants Analyst	-		<u>i</u>			
Organizational Affiliation:							
Telephone Number: 5	30-747-3918		Fax Number: 530-747-39	29			
* Email: kelparker@uc	davis.edu				- "		
		-					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	 _l
Type of Applicant 2: Select Applicant Type:	_
	7
Type of Applicant 3: Select Applicant Type;	
	•
* Olher (spacify):	_
* 10. Name of Federal Agency:	
Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
66,714	
CFDA Title:	
Pesticide Environmental Stewardship Regional Grants	
* 12, Funding Opportunity Number:	
EPA-OPP-08-001	
Title:	
Pesticide Environmental Stewardship Program (PESP) Regional Grants	
ı	
A A word of A A and a second of the second o	
13. Competition Identification Number:	
	ı
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
	ı
* 16. Descriptive Title of Applicant's Project:	
Extending the Pesticide Use Risk Evaluation (PURE) online tool for California orchard growers to promote the reduced-risk alternatives.	
ļ.	
Attach supporting documents as specified in agency instructions.	
Accordance particular	
AND	

Application	for Federal Assistance SF-424	•			Version 02
16. Congressio	nal Districts Of:		-		
a. Applicant	CA-001	* b. Pro	ogram/Project	CA-001	
Attach an additi	onal list of Program/Project Congressional Dist	icis if needed.	*		V
	7. 2. 1. 2. 40 (5. 40 V) (1. A)	Delete Altannent View Al	tachment		
17. Proposed F	Project:	•			
* a. Start Date:	10/01/2008		b. End Date: 0	9/30/2010	
18. Estimated i	Funding (\$):				
° я, Federal	50,500,0	0			
* b. Applicant	0.0	00			
₹ c. State	0.0	0			
* d. Local	0.0	io			
* e. Other	0,0	0			
f. Program Inc	ome 0.0	0			
* g. TOTAL	50,500.0				
20. Is the Apply 21. "By signing herein are true comply with armay subject m	plicant Delinquent On Any Federal Debt? (If  No  Explanation  I this application, I certify (1) to the statome, complete and accurate to the best of my in reaulting terms if I accept an award. I ame to criminal, civil, or administrative penaltifications and assurances, or an internet site withing.	"Yes", provide explanation.)  Ints contained in the list of cell  Inowledge. I also provide the laware that any false, fictition les. (U.S. Code, Title 218, Sec	rtificatione™ and required assura us, or fraudulen ction 1001)	inces** end agree to t atatements or claims	
Authorized Rej	presentative:				
Prefix:	* First	Name: Kully			
Middle Name:	l				
* Last Name; Suffix:	Parker				
Title: Contra	octs and Granta Analyst				
Telephone Nur	nber: 530-747-3918	Fax Number:	530-747-3929	AND A COURSE OF THE PARTY OF TH	12100-02
* Email; kelpa	arker@ucdevis.edu	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Signature of Au	uthorized Representative; Completed by Grams.gr	ov upon submission. * Date Sign	red: Completed by	Grants.gov upon submission.	***************************************

Application for Federal Assistance SF-424 Version 02							
*1. Type of Submission: *2. Type of Application			ion * If Revision, select appropriate letter	(s)			
☐ Preapplication	⊠ Ne	w					
	☐ Co	ntinuation	*Other (Specify)				
☐ Changed/Corrected Applic	ation Rev	vision					
3. Date Received:	3. Date Received: 4. Applicant Identifier:						
5a. Federal Entity Identifier:	5a. Federal Entity Identifier: *5b. Federal Award Identifier:						
State Use Only:				Anna ann an Anna an Anna an Anna an An			
6. Date Received by State:		7. State Ap	plication Identifier:				
8. APPLICANT INFORMATIO	DN:						
*a. Legal Name: City of Califo	ornia City			7			
*b. Employer/Taxpayer Identifi 95-2408763	ication Number (	(EIN/TIN):	*c. Organizational DUNS: 13-9434984				
d. Address:							
*Street 1: 210	000 Hacienda Bl	vd.					
Street 2:		<del></del> ;					
*City: <u>Cali</u>	ifornia City		,				
County: Ker	n	<del></del>	RE	CEIVED			
*State: <u>CA</u>							
Province:	·		Wi	AR 1 4 2008			
*Country:			STATE	CLEARING HOUSE			
*Zip / Postal Code 935	505		- constitute a secretary market to	errorman and the second			
e. Organizational Unit:							
Department Name: Public Works			Division Name: Sewer				
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mr. *First Name: Mike							
Middle Name:							
*Last Name: <u>Bevins</u>							
Suffix:							
Title: Public Works	s Director						
Organizational Affiliation:							
*Telephone Number: 661 373-7297 Fax Number: 661 373-7511							
*Email: pwdir@ccis.com							

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
C. City or Township Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency: USDA	
11. Catalog of Federal Domestic Assistance Number:	
10-760	
CFDA Title:  Water & Waste Disposal Loan & Grant Program	
*12 Funding Opportunity Number:	
*Title:	
13. Competition Identification Number:	
Title:	_
14. Areas Affected by Project (Cities, Counties, States, etc.):	
City	
*15. Descriptive Title of Applicant's Project:	
Construction of sanitary sewer main backbone lines, lateral connections, manholes, and any required hardware for a conservation. Approximate backbone lines length +/- 37,690 ft. (+/- 7.14 miles).	omplete

Application for	Federal Assistance SF-4	124		Version 02	
16. Congressional Districts Of:					
*a. Applicant: CA-	020, CA-021		*b. Program/Project: CA-020, CA-021		
17. Proposed Pro	oject:				
*a. Start Date: 09-	08	*b	. End Date: 09-09		
18. Estimated Fur	nding (\$):		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
*a. Federal	5,737,178.00				
*b. Applicant		_			
*c. State		•			
*d. Local		•			
*e. Other	· · · · · · · · · · · · · · · · · · ·	-			
*f. Program Incom *g. TOTAL					
g. TOTAL	5,737,178.00				
	an and remains and areas a second of	•			
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?  ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on 3-10-08  ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  ☐ c. Program is not covered by E. O. 12372					
*20 Is the Applic	ant Delinquent On Any Fed	leral Deht? (If "Yes" prov	vide explanation )		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  ☐ Yes ☐ No					
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions					
Authorized Representative:					
Prefix: N	Mrs.	*First Name: Linda			
Middle Name:					
*Last Name: <u>L</u>	unsford				
Suffix:					
*Title: City Manage	er	,			
*Telephone Numbe	er: 760 373-3170		Fax Number: 661 373-3170		
* Email: citymgr@c	ccis.com				
*Signature of Authorized Representative: *Date Signed: 3-10-07				*Date Signed: 3-)0-07	

Application for Federal Assistance SF-424	Version 02
Applicant Federal Debt Delinquency Explanation	
The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.	
NA	

APPLICATION FOR					Version 7/0
FEDERAL ASSISTANCE	<b>I</b> , a,	2 DATE SUBMITTED	,	Applicant Ide	
1. TYPE OF SUBMISSION: Application  Application  Application  APPLICATION OF THE PROPERTY OF T		Y STATE	State Application Identifier		
Construction	☑ Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	Non-Constructi	00	t .		
5. APPLICANT INFORMATION	Noti-Ochau ucu		· · · · · · · · · · · · · · · · · · ·	l.,	
Legal Name:			Organizational Unit:		
Farmington Wat			Department:		
Organizational DUNS: 14-	414-714	67	Division:		
Address:			Name and telephone	number of p	erson to be contacted on matters
Street: P.O. Box 77	IP	<b>FCENED</b>	Prefix: Mrs.	ation (give an	ea code) Mary Anne
City:		UAS A CASA	<del></del>		Mary Anne
Farmington,		MAR 1 4 2008	Middle Name		
County: San Joaquin	_	T	Last Name		
State:		E CLEARING HOUSE	Suffix:	<del>ĵan</del>	· · · · · · · · · · · · · · · · · · ·
CA Country:	95130		Email: moonsta	- 01	
			<u>l</u>		tmail.com
6. EMPLOYER IDENTIFICATIO	the state of the second		Phone Number (give an	ea code)	Fax Number (give area code)
54-26-89350	(94-266893	5)	209-886-5346	5	209-886-5346
8. TYPE OF APPLICATION:			1	1,50	k of form for Application Types)
New If Revision, enter appropriate letter	Continua	tion Revision	"O. Not fo	or profi	t organization"
(See back of form for description		П	Other (specify)		(Mutual Water Co.)
Other (specify)	با	U '	9. NAME OF FEDERA	L AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	CANT'S PROJECT:
Section 1.000 displayments on the section of the se	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (		•		<u> </u>
TITLE (Name of Program):	*	<u> </u>	Farmingto	on Water	Company Improvement
12. AREAS AFFECTED BY PRO	JECT (Cities, Count	ties. States, etc.):	-	181	
Farmington	,				
13. PROPOSED PROJECT 22	months fro	m Notice to Prod	DO GONGRESSIONAL	DISTRICTS	OF:
Start Date:	Ending Date:		a. Applicant		b. Project
,			llth Dis		llth District
15. ESTIMATED FUNDING:			OPDED 12372 PROCE	553	REVIEW BY STATE EXECUTIVE
a. Federal \$	. 80	9:750	a. Yes. W THIS PREA	APPLICATION	WAPPLICATION WAS MADE
b. Applicant \$		71700	- WAVIEWOLD	FOR REVIEW	ATE EXECUTIVE UNDER 12372
c. State \$	1 000	00	DATE:		
d. Local \$	1,000	0,000	b. No.   PROGRAM	IS NOT COV	ERED BY E. O. 12372
e. Other \$			J	RAM HAS NO	T BEEN SELECTED BY STATE
Program Income \$			FOR REVIE	WW	NT ON ANY FEDERAL DEBT?
a. TOTAL \$					•
		809,780	Yes If "Yes" attach a		TA AND THE STATE OF THE STATE O
8. TO THE BEST OF MY KNOW OCUMENT HAS BEEN DULY A	UTHORIZED BY TH	E GOVERNING BODY OF T			
TTACHED ASSURANCES IF THE Authorized Representative	E ASSISTANCE IS	AWARDED.			
Prefix F	irst Name	_	Middle N	ame	4.
Mrs. ast Name	Mar	y Anne	Suffix		
Strojan					
Title Manager/Secretary-Treasurer			c. Telephone Number (give area code)		
Signature of Authorized Represe	htative		e. Date S	igned 3-10	0-08

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